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ABSTRACT

The Advisory Committee on Head Start Quality and Expansion was created by the Department of Health and Human Services (HHS) in June 1993 to review the Head Start program and make recommendations for improvement and expansion. The report recommends that HHS: (1) develop new initiatives to utilize qualified "mentor teachers" to provide supervision and support to classroom staff, establish competency-based training for staff who work directly with families, and increase staffing levels and staff compensation; (2) review and expand current resources used for family services, parent education, and family literacy; and (3) encourage community and school partnerships to ensure continuity of services, facilitate state and local collaboration, and link Head Start with other national initiatives. Overall, HHS should continue to show leadership in looking across programs to ensure that policies consistently promote quality services for young children and their families. Biographical sketches of the committee's 47 members are included. (MDM)

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Creating A 21st Century Head Start

Final Report of the Advisory Committee on Head Start Quality and Expansion

PS 022167

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Creating A 21st Century Head Start

Final Report of the Advisory Committee on Head Start Quality and Expansion

December 1993

U.S. Department of Health and Human Services
Washington, D.C.

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Preface

Head Start was born, and has survived, with the kind of spirit and determination that lives in the hearts of all young children. Head Start is about the future. Perhaps more than any other social program of its time, it is a symbol of hope for a better life for low-income children and their families.

The Advisory Committee on Head Start Quality and Expansion is about making sure that the vision and potential of Head Start are renewed, that the program is strengthened, that it meets the changing needs of children and families, and that this powerful legacy of an earlier time continues to thrive into the next century.

In announcing the formation of the Advisory Committee on June 16, 1993, HHS Secretary Donna E. Shalala stated, "We want every Head Start program to offer the comprehensive family services and high quality early childhood experience that are the core of the Head Start vision." The purpose of the Committee was to review the program and make recommendations for improvements and expansion.

The Advisory Committee was created in the bipartisan spirit that has long characterized the Head Start Program. The 47 members appointed to the Advisory Committee reflect diverse backgrounds and perspectives and include representatives from the Head Start community; staff to members of Congress; Administration officials; representatives from the public and private sector; and experts in children's health and education.

The Advisory Committee activities took place over a six month period and included input from hundreds of people concerned with and affected by the Head Start program. A series of focus groups on various aspects of the program was held with experts and representatives of the Head Start community, internal program data and past reports were reviewed, outreach meetings were held with various national organizations and other interested parties, and a public hearing took place with parents and staff testifying before Committee members and some 1,500 people attending the National Head Start Parent Involvement Institute held in Washington, D.C.

Three formal meetings of the full Advisory Committee and seven subcommittee meetings were held to review and discuss all relevant material and to develop a set of recommendations that could guide program planning.

During this intense period of activity we have come to appreciate the critical importance of this program. Head Start at its best is a central institution in a community which supports low-income children and their families. A well run Head Start establishes relationships that promote growth and development in young children, encourages the self sufficiency of families, and helps create other community services that better serve low-income families. Over the years, the Head Start philosophy has affected the entire field of early childhood education and family support services.

At the same time, our review pointed clearly toward the need to improve and refocus the program to respond to both national and local problems and concerns. The 1990s and beyond are very different than the 1960s. Today, the needs of families and children who live in poverty are more complicated and more urgent than ever. Head Start must respond to the changing needs of children and parents. Today the landscape of services in a community has changed, with new players and more demands. Head Start must not be isolated from other providers; it must take its place as a partner in a community and state. Today Head Start is a greatly expanded program, yet one that needs to make the delivery of high quality services a top priority as it continues to serve more children. Head Start must be a model of high quality comprehensive services for young children and families.

With these goals in mind, this report marks the beginning of a new chapter in the history of the Head Start Program. It is our hope that the work of the Committee will lead to a renewed sense of excitement and commitment on behalf of all those involved in the program: parents, staff, federal officials, members of Congress, and the many friends and outside groups that have helped make the program such a success.

A Head Start parent testifying before the Advisory Committee said: "I learned to live again, not just survive. Head Start gave me and my children a chance to succeed, to be winners." It is time that we stop allowing Head Start to just survive, it is time once again to rededicate ourselves to the nation's most vulnerable children by making sure that Head Start thrives so all of our families can win.

Mary Jo Bane
Assistant Secretary for Children and Families

Executive Summary

The Advisory Committee on Head Start Quality and Expansion was created in June 1993 to review the Head Start program and make recommendations for improvement and expansion. After six months of deliberations, the 47 members of the Advisory Committee seek to open a new chapter in the history of the program.

Launched in 1965 as a comprehensive child development program, Head Start has provided a beacon of hope and support to more than 13 million low-income children and their families across the United States through the provision of education, health, social services, parent involvement, and disability services.

Yet the world of Head Start today is dramatically different than in 1965. Today the needs of families and children who live in poverty are more complicated and urgent than ever before—from children who have lived with violence and substance abuse to families with interrelated problems of homelessness, lack of education, and unemployment. Since Head Start began, the face of poverty has changed to include more single parents, and increasing numbers of working parents. In addition, the recognition and importance of promoting family literacy has increased.

Over the past 28 years, the landscape of community services has changed dramatically. There are new roles and enhanced capacities for serving young children and their families. Today we also have new knowledge about the attributes of services and supports that are effective in changing long-term outcomes for young children, new knowledge about the importance of the first three years of life, and new knowledge and appreciation for the continuum of developmental and comprehensive services needed before school and into the early years to help children succeed in school.

In order to develop a set of recommendations for the future of the Head Start program, the Advisory Committee reviewed existing data and reports on Head Start and consulted with a wide variety of individuals and groups across the country. The Committee found that, after a period of rapid expansion, Head Start can be proud of many successes yet still needs to address existing quality problems and to be refocused to meet the challenges of a new age. The Advisory Committee found that:

- ☐ Head Start has been successful in improving the lives of many low-income children and their families and in serving as a national laboratory for early childhood and family support;
- ☐ Most Head Start programs provide quality services, however, the quality of programs is uneven across the country;
- ☐ Head Start needs to be better equipped to serve the diverse needs of families;
- ☐ There continues to be a large unmet need for Head Start services; and
- ☐ In many communities and states, Head Start, public schools, and other early childhood programs and providers responsible for addressing the needs of young children and families operate in isolation from one another, without adequate resources, planning, and coordination.

As the Advisory Committee looks forward to the next century, we envision an expanded and renewed Head Start which serves as a central community institution for low-income children and their families. The Head Start of the 21st century:

- ☐ Ensures quality and strives to attain excellence in every local program;
- ☐ Responds flexibly to the needs of today's children and families, including those currently unserved; and
- ☐ Forges new partnerships at the community, state, and federal levels, renewing and recrafting these partnerships to fit the changes in families, communities, and state and national policy.

In order to respond to these issues, and to create a 21st Century Head Start, the Advisory Committee sets forth a set of recommendations to the federal government, Head Start providers, and the nation at large. These recommendations implement three broad principles.

1. We must ensure that every Head Start program can deliver on Head Start's vision, by striving for ***excellence*** *in serving both children and families.*

The Advisory Committee believes that the quality of services must be a first priority. We should strive for excellence in all Head Start programs by focusing on staffing and career development, improving the management of local programs, reengineering federal oversight to assure accountability, providing better facilities, and strengthening the role of research.

The Advisory Committee recommends that the Department of Health and Human Services (HHS) develop new initiatives to utilize qualified "mentor teachers" to provide supervision and support to classroom staff, establish competency-based training for staff who work directly with families, ensure sufficient staffing levels to serve children and families effectively, and continue to increase compensation.

In the area of management, the Advisory Committee recommends an expanded emphasis on management training; strengthening financial management policies and practices; supporting strategic planning through a multi-year "phased-in" expansion strategy; updating the Performance Standards in health, parent involvement, social services, and education; and developing performance measures.

In addition, the Advisory Committee recommends an assessment of the training and technical assistance system, a review and strengthening of Head Start monitoring, training of regional and central office staff, and the assurance of prompt action to deal with low performing grantees.

2. We must expand the number of children served and the scope of services provided in a way that is more responsive to the needs of ***children and families****.*

The Advisory Committee reaffirms the concept that all eligible children in need of Head Start should be served. At the same time the Committee remains committed to investments in quality as a top priority. Head Start should focus on the needs of children in the context of their families and communities by enhancing family services and increasing parent involvement, assessing needs and planning strategically, reaching out to children and families currently unserved, promoting full day and full year programs where needed, and improving services to families with younger children. The overwhelming majority of Advisory Committee members recommend a new initiative to expand Head Start services to families with younger children. Some Advisory Committee members believe that further study is needed to explore ways of serving additional families with children under age three prior to launching an initiative.

The Advisory Committee recommends that HHS review and expand current resources used for family services, parent education, and family literacy, and that increased efforts be made to involve parents in all aspects of the program. The Committee recommends that as Head Start programs move forward toward the goal of serving all eligible children, they should be encouraged to assess their total program in order to balance the needs for quality, scope of services, and number of children served. Particular

attention and support are recommended to address the special needs of Indian and migrant programs.

3. We must encourage Head Start to forge ***partnerships*** *with key community and state institutions and programs in early childhood, family support, health, education, and mental health, and we must ensure that these partnerships are constantly renewed and recrafted to fit changes in families, communities, and state and national policies.*

Because no program, no matter how excellent, can go it alone, we must ensure that Head Start join forces with other providers in the community and state. As a partner, Head Start can not only maximize its own resources, but can use its leadership to influence other service providers to adopt the core concepts that have made Head Start such a success.

Head Start and public schools should renew commitments to ensure continuity of services by providing developmentally appropriate programs, parent involvement, and supportive services from Head Start through the primary grades.

Head Start should form new partnerships at the state and local level, and with the private sector, to provide more coordinated services to families. Head Start should also play a central role on behalf of low-income children and families in emerging initiatives, particularly in national service, health reform, education reform, family preservation and support and welfare reform.

In summary, the Advisory Committee supports the goal of ensuring that all eligible children and their families receive high quality Head Start services, that programs are tailored to meet the needs of todays families and communities, and that sufficient resources are made available to meet these goals.

The Advisory Committee believes that the recommendations and principles set forth in this report must inform Head Start program decisions at all levels. The recommendations must guide priorities and the use of existing as well as new resources to ensure quality services that children need to enter school ready to learn and that families need to achieve self-sufficiency.

The Advisory Committee recommends that HHS act promptly to develop an implementation plan based on the ideas set forth in this report. First priority should be given to ensuring quality and striving for excellence.

The process of setting priorities should also draw on the best available information and input from Head Start and the larger community.

In concluding, the Advisory Committee on Head Start Quality and Expansion urges the Department to see this report as a step in an overall effort to improve early childhood and family support services for all children in the United States, and particularly for those most vulnerable. HHS should continue to show leadership in looking across programs to ensure that policies consistently promote quality services for young children and their families.

Part I
Head Start Today

"Head Start is a celebration of human diversity and creativity."
Head Start Parent Involvement Coordinator California

Introduction

Since it began in 1965, Head Start has served more than 13 million children and their families.

The United States cannot afford to waste its young children and ignore their families. Head Start provides us with an important sense of hope that we have the potential for helping our most vulnerable children and encouraging their families to live healthy, successful, and productive lives. Since it began in 1965, Head Start has served more than 13 million children and their families.

Yet so much more needs to be done. Entering the third millennium will be very different than living in the world we left behind thirty or more years ago. Poverty is different. Families are different. Communities are different. Head Start must respond and grow to meet the challenges of a rapidly changing world. At the same time it must maintain the concepts that have made it such a success, continue to serve more children, make the delivery of high quality services a top priority, and strive to be a model of service delivery for low-income children and their families.

These are the challenges that face the next century of Head Start programs. The Head Start Advisory Committee has reviewed available data, listened to various opinions, and discussed issues and options to help inform the next generation of Head Start. We first present a brief description of the program as it is today, providing evidence of its success and vulnerabilities. Based on the findings of our review, we recommend a series of steps and specific actions to renew the Head Start vision and to move the program successfully towards the future.

Background

Head Start, a comprehensive early childhood program for low-income children and their families, is found in all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, the outer Pacific Islands, and in nearly 150 Tribal Nations. The overall goal of Head Start is to promote the "social competence" of children. Social competence means everyday effectiveness in dealing with both the present environment and later responsibilities in school and life.

Head Start programs are guided by a set of Program Performance Standards and other policies that have emerged over its 28 year history. These standards and policies specify that Head Start programs must deliver a wide range of services to ensure comprehensive care including health, education, parent involvement, social services, and disability services.

Parents are seen as the principle influence on their children's development and are direct participants and decisionmakers in the program.

The program is designed to maximize the strengths and unique experiences of each child and family. Parents are seen as the principle influence on their children's development and are direct participants and decision-makers in the program. Head Start staff, including the director, the component coordinators and supervisors, the teaching staff, the home visitors, the family service workers, the health and disabilities staff, the secretaries, the cooks, and the bus drivers, are expected to work together to support the spirit and philosophy of the Head Start program which is based on mutual respect, self worth, and the provision of supportive and nurturing relationships.

In 1993 Head Start is able to serve approximately 721,000 children and their families through a network of more than 2,000 grantees and delegate agencies operating some 36,300 classrooms and nearly 600 home visiting programs.

To be eligible for Head Start a child must be living in a family whose income is below the federal poverty line, currently $14,350 for a family of four. Head Start eligibility requirements are more stringent than eligibility for many other federal programs (NHSA, 1990), although policies allow ten percent of Head Start children to come from families that are over income. However, across the country only 5 percent of the children served are from over income families, although the demand for such services is far greater in communities with a higher cost of living. Some 13 percent of Head Start children have diagnosed disabilities.

The majority of Head Start children are four years old (see Figure 1). Head Start children come from a wide variety of ethnic backgrounds (see Figure 2). The majority of Head Start children are from single-parent homes while others come from two parent families (see Figure 3).

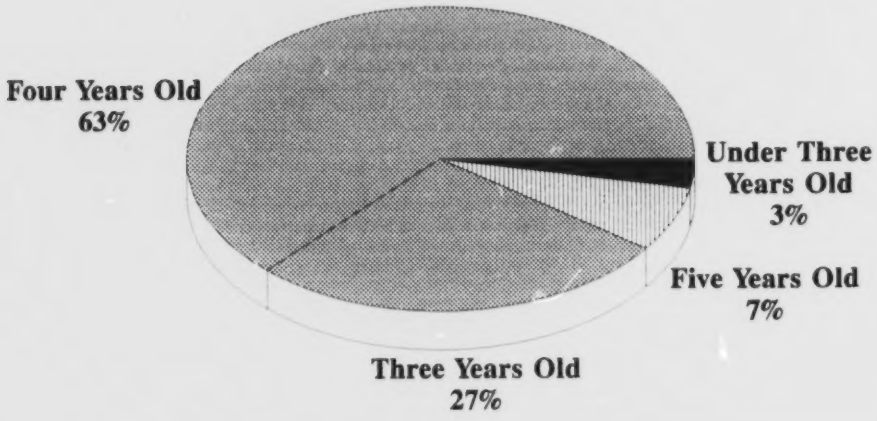


Figure 1. Distribution of Head Start Children by Age

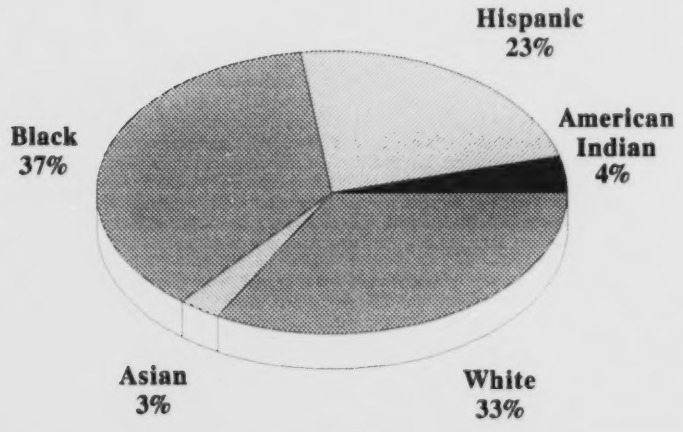


Figure 2. Race/Ethnic Distribution of Head Start Children

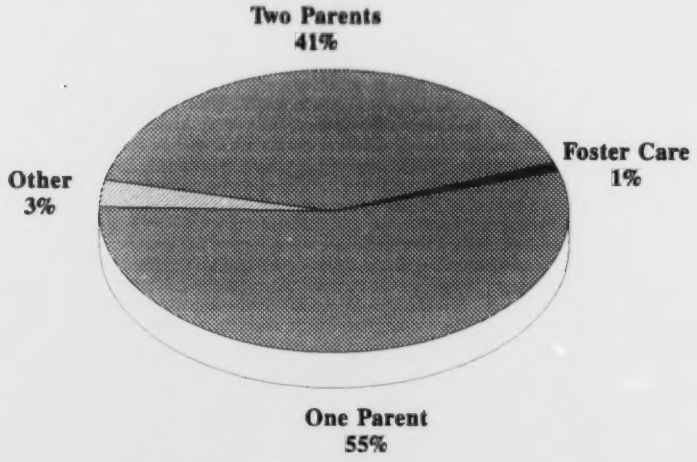


Figure 3. Head Start Family Structures

Head Start programs are sponsored by a variety of community-based agencies. As indicated in Figure 4, the vast majority are sponsored by Community Action Agencies and other non-profit organizations. Nineteen percent of Head Start programs nationwide are sponsored by school systems. Most programs are center-based and operate four to five days a week or less and under six hours per day (see Figure 5).

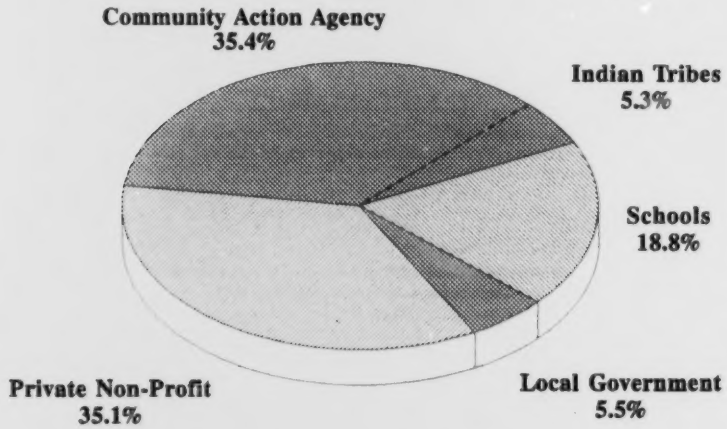


Figure 4. Head Start Programs by Agency Auspice

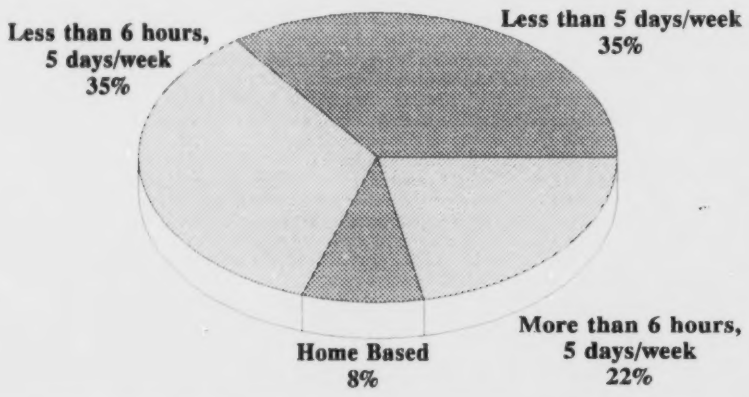


Figure 5. Head Start Enrollment by Days and Hours Served

Funds for Head Start have increased dramatically over the past few years (see Figure 6) although costs per child have remained relatively stable in constant dollars with some increases in recent years (see Figure 7). The FY94 federal budget for Head Start is more than $3.3 billion.

Successes and Challenges

As Head Start moves towards the 21st century, it finds itself at a crossroad. After a period of rapid growth, Head Start can be proud of many successes yet still needs to be refocused to meet the challenges of a new age and to address existing quality problems. The Advisory Committee presents the following five overall findings:

1. Head Start has been successful in improving the lives of many low-income children and their families and serving as a national laboratory for early childhood and family support services.

Parents report that Head Start has benefited their young children and families. Over the years the Head Start program has reached out and received support from parents. Parents attending the recent National Parent Involvement Institute talked about Head Start having a positive impact on their child's preparation for school, their own understanding of the importance of their involvement in the education of their child, their overall parenting skills, and on their own self-esteem and the self-esteem of their child. These have been repeated themes in other parent surveys (NHSA, 1990).

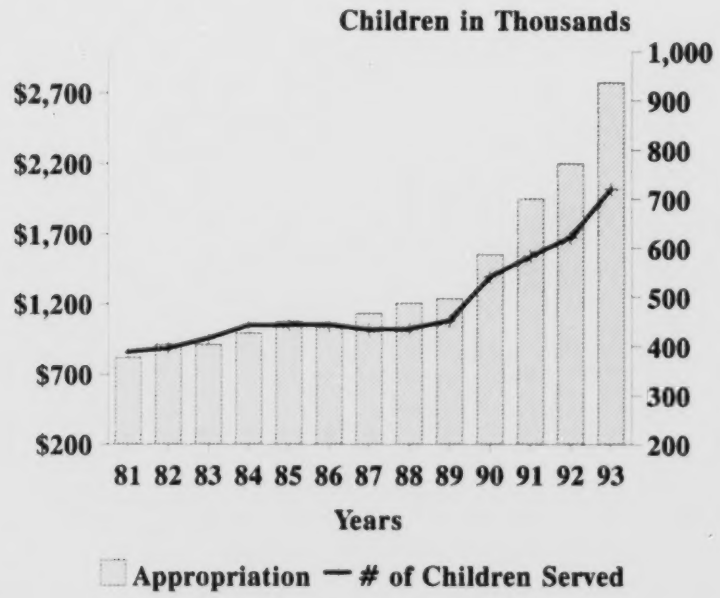
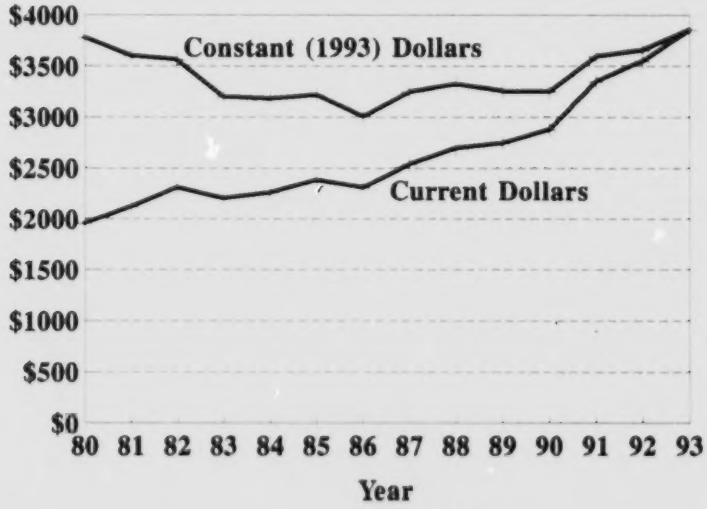


Figure 6. Head Start Appropriations and Children Served



Includes only ACF Funds. Local match and funds from other federal sources not included.

Figure 7. Cost Per Child (Current vs. Constant Dollars)

The voices of Head Start parents best tell the Head Start story. In comments to the Advisory Committee, parents said:

"Head Start has not only given my child a Head Start in life, but one for me as well."

"I have five children and I am a single parent. I came to live in my town after an 11 year abusive marriage, with no clothing, no housing, no money. We just picked up and left. ...It was my daughter's turn to go to school... I got involved in every aspect of the program...Head Start has not only given my child a Head Start in life, but one for me as well."

- Head Start Parent
  Massachusetts

"I thought it was a bunch of bull that bureaucrats would let us help make the decisions. Low income people—no way—we have always been herded through the system by their rules. Rules made by people we didn't know. After all they had never lived as I had. Yes, Virginia, there is a Santa Claus and Head Start really works."

- Head Start Parent
  Oregon

The real workings and success of Head Start can also be heard in the stories told by staff. For example, Head Start staff have said:

"So many families who enroll in Head Start feel that their lives happen to them—what's going to happen to me today? We try to help them see that you have a say in what happens—you can set a goal, a direction, then go after it."

- Head Start Staff
  New Hampshire

"Head Start has caused people to move from 'I can't to I can, just let me find the way'."

"Head Start has caused people to move from 'I can't to I can, just let me find the way'."

- Head Start Staff
  Louisiana

"The expectation and belief of parents that their child can succeed and is capable of learning and doing well as a member of the community and work force may be the most salient and long-lasting affect of the program."

- Head Start Staff
  Iowa

Programs provide multiple services. Program Information Reports indicate that the majority of children and families are receiving extensive comprehensive services. While there have been recent indications that the quality of service delivery across programs is uneven, Head Start has been one of the primary mechanisms for delivering health, education, and family services in low-income communities. Over the years:

- ☐ Head Start has provided an early childhood education experience for millions of children;
- ☐ Head Start has provided medical and dental screening and follow up to millions of children;
- ☐ Head Start has provided critical social services and family support to millions of parents;
- ☐ Head Start has provided opportunities for hundreds of thousands of former Head Start parents to become employed in the program;
- ☐ Head Start has improved the overall services for low-income families in thousands of communities across the country;
- ☐ Head Start has provided important national leadership to the inclusion movement—working with public schools and other agencies to include children with disabilities in the program and community activities; and
- ☐ Head Start has provided critical services to tens of thousands of children and families of migrant farmworkers and Native Americans, in areas where other services may be extremely limited.

Research indicates Head Start's effectiveness. A series of substantial and careful reviews has reported that Head Start produces benefits for the children and families experiencing the program (Bronfenbrenner, 1974; Datta, 1979; McCall, 1993; McKey et al., 1985; Zigler & Styfco, in press). The evidence is clear that Head Start produces immediate gains for children and families. The evidence on the long term impact of the program has been the subject of some debate.

Evidence from two somewhat different sources has been brought to bear on questions of Head Start's effectiveness: studies on Head Start and large scale studies of experimental early childhood demonstration programs. Both kinds of studies help give us an understanding of Head Start's effectiveness.

Head Start has a positive impact on school readiness.

Head Start has a positive impact on school readiness. Studies of Head Start programs indicate positive effects on children's cognitive skills,

self-esteem, achievement motivation, and social behavior. Head Start has also been shown to have a positive impact on parent-child relationships, child health, and community services. Finally Head Start has had a strong impact on the training and employment of parents, and more than one-third of Head Start staff are current or former Head Start parents.

Longitudinal studies on children who have participated in experimental programs indicate that high quality child development programs show less grade retention, less placement in special education classes, and other long term benefits (Lazar et al., 1978; Schweinhart, Barnes & Weikart, 1993). Although these studies are not necessarily conducted on Head Start programs, they do appear to indicate that high quality Head Start programs can have similar long term results. There is some evidence of similar long term effects from studies on Head Start, although the data is limited. One review noted the lack of Head Start data on long term measures of life success (Haskins, 1989). Additional data is needed on the post Head Start experiences and the factors that may affect long term gains.

2. Most Head Start programs offer quality services, however, the quality of programs is uneven across the country.

Most programs are providing quality services. Results from on-site reviews conducted in the last several years show that most programs are in compliance with program regulations and deliver quality services. Over 30 percent of grantees monitored in 1993 had fewer than 6 items (of 222) out of compliance. Nationally grantees have on average demonstrated success in over 200 of the 222 items examined in program reviews.

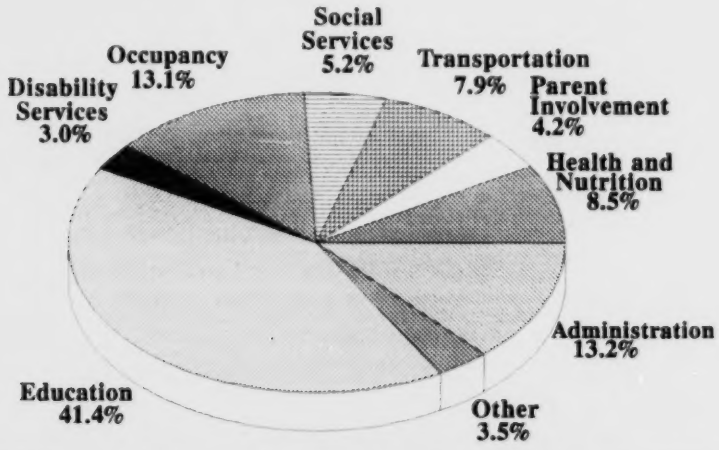
Other studies also point to the quality of Head Start programs. A recent study of early childhood programs including Head Start, child care, and school sponsored preschool programs found that Head Start centers were among the highest rated and the level of quality was more consistent than in other programs (Layzer, Goodson, & Moss, 1993).

Expansion without adequate resources, with limited flexibility, and without adequate time for planning has strained some Head Start programs.

Some local programs need improvement. Reports by the Office of the Inspector General, HHS, provide indications of threats to program quality (USDHHS,OIG, May, 1993; September, 1993). The issue of uneven quality is not a new concern. In 1980, the Blue Ribbon Commission on Head Start noted that while many programs were well run, delivering all the mandated services, others were in need of improvement (USDHHS, 1980). Expansion without adequate resources, with limited flexibility, and without adequate time for planning, has strained some Head Start programs.

Slightly over 11 percent of grantees monitored in 1993 were found out of compliance in 50 or more of the 222 items reviewed. Another 18 percent need improvement in 26 - 50 areas. However, the number of items alone does not clearly indicate the extent of problems or the specific areas that need improvement. Looking across all programs monitored in FY93, among the major areas that most need improvement are the following: parent participation in decisionmaking; establishing written procedures for program planning and for developing, reviewing, and revising budgets and work plans based on objectives; follow-up to assure the delivery of needed social services; providing staff and parent training in child development; and securing treatment for health problems.

Staffing across components is often a problem. Nearly 40 percent of the programs report difficulty hiring adequate staff. With the exception of the education component, there are no minimum education requirements for Head Start staff. There are often insufficient funds to provide adequate support to key components (see Figure 8). Staff salaries in Head Start are often inadequate to attract qualified staff (see Figure 9). Furthermore, caseloads for staff in health, social services, and parent involvement are sometimes too high to ensure adequate services (see Figure 10).



ACF funds only. Local match and funds from other federal sources not included. Also, this chart reflects the percentage of Head Start funds budgeted by programs for various Head Start service areas and does not necessarily represent the total effort committed to some aspects of the program.

Figure 8. Head Start Expenditures by Service Component

Position	Average Salary
Education Coordinator	$21,138
Health Coordinator	$18,536
Social Services Coordinator	$18,125
Parent Involvement Coordinator	$15,945
Teacher (most tenured)	$15,039
Teacher (least tenured)	$12,077
Teacher's Aide (most tenured)	$9,609

Figure 9. Head Start Staff Salaries as of June 1992

Finally, one recent review of indices of Head Start program quality concluded that grantees that are more likely to meet performance standards serve between 300-1000 children, employ coordinators with relatively higher levels of education and experience (which is correlated with higher salaries), and spend enough money in all components to ensure that services are provided to all families (Brush, Gaidurgis, & Best, 1993).

The ability to deliver services often depends on the intensity of family needs and the availability of resources in a community.

Program quality is strained by the growing needs of children and families and the lack of adequate services in the community. The quality of Head Start programs is not only affected by internal program characteristics. The ability to deliver services often depends on the intensity of family needs and the availability of resources in a community. Many program operators report that, over the past several years, the intensity of needs has increased as the availability of services has either decreased or stayed the same.

For example, grantees have reported that there is a growing problem locating doctors and other medical service providers willing to accept Medicaid patients; there is a general lack of appropriate health and mental

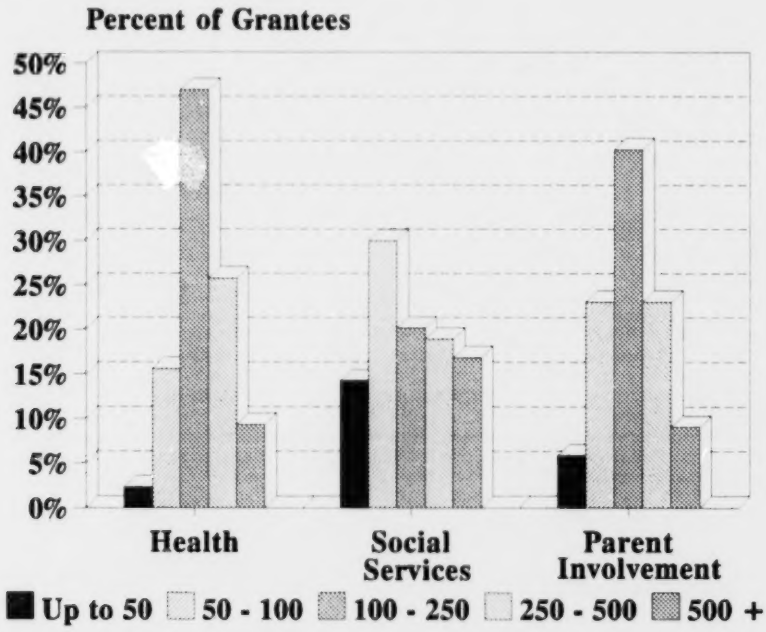


Figure 10. Caseload Ratios of Component Staff

health services to meet the needs of Head Start families, particularly those that speak other languages; and programs have difficulty locating culturally appropriate services for children with special needs. In addition, programs are seeing increasing levels of substance abuse and violence in their communities.

Management practices at the local level need to be strengthened.

Management practices at the local level need to be strengthened. One-third of grantees surveyed by the HHS Inspector General considered management issues to be their biggest challenge for future expansion. Reports indicate that management staff have increasing responsibilities and more complex administrative tasks, that there is a demand for additional management training, and that financial practices in some programs need to be improved.

Many Head Start programs experience problems securing and maintaining adequate facilities and providing adequate transportation. Head Start directors often report difficulties securing adequate facilities. In the Head Start Facilities Study, conducted by the National Head Start Association in 1991-92, programs reported that one-third of Head Start centers and other facilities "should be replaced, require extensive modeling/repairs, or are otherwise substandard" (NHSA, 1992).

Some Head Start programs also experience problems providing adequate transportation. Thirty percent of grantees do not provide transportation for children. Of the grantees that provide transportation, more than one-third report that expansion has had an adverse impact on their ability to transport children due to expansion into rural areas, increased enrollment that exceeds the capacity of their vehicles, and increased salary costs (HHS, OIG, 1993).

The capacity for federal oversight needs to be strengthened. The lack of adequate federal staff support at the central and regional office level has been a theme in several reports over the past 20 years (NHSA, 1990; USDHHS, 1980). For federal staff, workloads have increased and staff levels have decreased, not keeping pace with program growth.

Reports from central and regional offices, as well as from local Head Start program directors, indicate a need for additional training, travel, and support for all federal staff to assume more leadership and program management functions. New mechanisms that would allow a clearer line of authority between central office and regional office operations are also needed.

In addition, discussions with Head Start directors and staff as well as analysis of monitoring data have revealed that Regional Offices often differ in their interpretation and application of program policies. Program directors comparing decisions made in another region often find variation with interpretations made in their own region. Furthermore, the variation in monitoring results by region indicates that different approaches are used to determine when an item is judged out of compliance during a monitoring visit. At the same time, regional office staff report the need for additional involvement in the development of policies and follow-up and the need for training to help implement policies once they are established.

3. Head Start needs to be better equipped to serve the diverse needs of families.

Rising levels of violence, substance abuse, and homelessness... bring new challenges to Head Start programs.

Many Head Start families today face intense needs, without adequate supports. Head Start staff throughout the country report the growing and complex needs of the children and families they serve. Rising levels of violence, substance abuse, homelessness, and a host of other problems bring new challenges to Head Start programs that are already strained.

Children eligible for Head Start live in all types of communities. Almost half live in central cities, and nearly a quarter live in rural areas. In 1989, 17.5 percent of the children eligible for Head Start lived in communities with poverty rates of 40 percent or higher (Jargowsky, 1993). In addition,

last year 55 percent of the children enrolled in the program were being raised by single parents, and 4 percent were living apart from either parent.

The lack of adequate family service workers and specific training for social service and family support staff appears to be one of the most pressing problems in reaching families with intense needs. In addition, children from such families often need smaller class sizes and additional one on one attention. Children, parents, and staff need significantly more mental health consultation to cope with these rising concerns.

Many Head Start eligible families have younger children and are in need of services for pregnant women and children under age three. There is growing national concern about the well being of our youngest and most vulnerable children. The first three years of life provide the foundation for good health, problem solving, social and emotional development (Hamburg, 1992; Zero to Three, 1992). Yet today, far too many infants and toddlers are at risk during this critical period. Numerous recent reports catalogue the problems: increasing poverty rates; lack of adequate prenatal care; and ongoing, consistent, primary health care and nutritional support; alarmingly low immunization rates; insufficient family supports; and a lack of parent education (National Commission on Children, 1991).

These problems cannot be solved by a single program, approach, or policy. However, research indicates that early intervention and family support programs can have important long term effects on the lives of young children and families (Lally, Mangione, & Honig, 1987; Olds et al., 1986; Ramey & Ramey, 1992; Seitz, 1990). The potential benefits of providing services to families with younger children include promoting healthy development, reducing infant morbidity, intervening with teen-age parents, and filling the gaps in services for very young children with disabilities. To wait until children are age three or four ignores the potential of linking younger children to essential services, providing parent education and family support at one of the most critical periods of parenthood, and enriching the lives of children at their most vulnerable period.

Over the years relatively few children under the age of three have participated in Head Start. In FY 1992 Head Start served approximately 18,600 children under age three, or less than 1 percent of the children in this age range from Head Start eligible families. Head Start serves children under three primarily in two ways: through a network of Migrant Head Start Programs, and 106 Parent and Child Centers (PCCs) throughout the country.

More and more parents have entered the work force since Head Start began in 1965.

A growing number of Head Start families are working or in training, yet most programs provide half day, part year services. More and more parents have entered the work force since Head Start began in 1965. Data from the Program Information Report (PIR) indicate that 33 percent of Head Start children have at least one parent who works full time (see Figure 11). Another 15 percent have parents that work part time or seasonally and 5 percent of parents are in school or training.

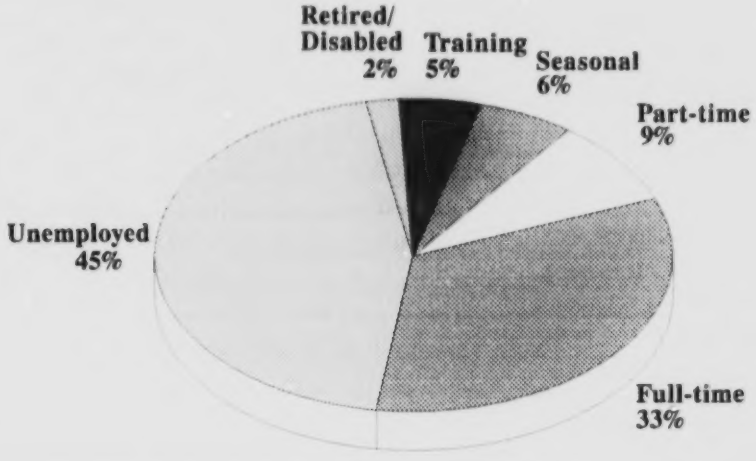


Figure 11. Head of Household Employment Status

In a survey conducted by the National Head Start Association (1990), parents most often listed the need for extended hours and days of operation as an area that needed improvement. Despite the need for full day services, data from the 1991-92 HSCOST system indicated that only 6.5 percent of Head Start children were served for 8 hours a day. Of these, half were served fewer than 36 weeks per year (probably due to the large number of migrant programs that provide full day care). Fewer than 1 percent of the children were served in programs operating both 8 hours or more per day and more than 48 weeks per year. Research indicates that unemployed low-income parents would more readily seek work if affordable child care was made available.

Although Head Start programs currently have legislative authority to use funds for full day services, administrative policies over the past several years have discouraged such practices. Instead, the grantees have been encouraged to use other federal, state, and local child care funds to create "wrap-around" programs to serve the needs of working families. In

1991-92, some 25 percent of Head Start grantees reported that they used other arrangements to meet the full day needs of families.

Although some Head Start directors have been successful in putting wrap-around services together, little is known about the quality of services or the continuity of care for children. Furthermore, many Head Start directors report serious barriers to the use of "wrap-around funds." According to a survey conducted by the National Head Start Directors Association (1989) programs reported the following problems with "wrap-around policies":

- ☐ inadequate reimbursement rates to maintain Head Start standards;
- ☐ conflicting regulations, eligibility, and fiscal requirements;
- ☐ instability and uncertainty of funding; and
- ☐ bookkeeping problems and additional paperwork associated with multiple funding sources.

Very little systematic technical assistance has been provided to help Head Start programs use wrap-around funds and still maintain quality.

4. There continues to be a large unmet need for Head Start services.

Head Start serves less than half of the eligible children. Despite the expansion in the past few years, Head Start still serves approximately 40 percent of the 1.8 million eligible three and four year olds. Figure 12 indicates that Head Start serves 21 percent of the eligible three year olds and 53 percent of the eligible four year olds.

Even when Head Start eligible children are served by other programs, the quality of services may be uneven and comprehensive services may not be provided. Over the years there has been an increase in the number of other early childhood services available. More than 30 states have some type of preschool initiative. State preschool programs either supplement federal programs such as Head Start to expand or improve services or fund a separate state preschool program. In addition, some 87,000 Chapter 1 children are preschool age, and thousands of other preschool children are served through Migrant Education, the Individuals with Disabilities Education Act (IDEA), the Bureau of Indian Affairs preschool program, and through federal, state and local child care assistance.

Unfortunately, due to differences in eligibility requirements and duplication in counts across surveys, there is no adequate accounting of how

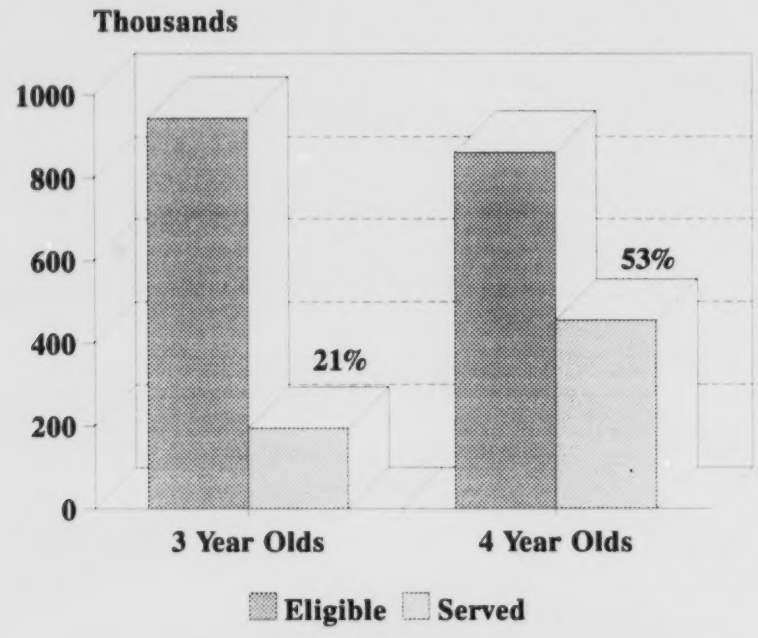


Figure 12. Three and Four Year Olds Eligible vs. Served

many Head Start eligible children attend other programs. However, a recent GAO report (1993) indicates that large numbers of low-income children remain unserved by any preschool program. The National Education Goals panel (1993) reports that less than half of the children aged 3 through 5 from families with incomes below $10,000 attend preschool, while 81 percent of children in this age group whose parents earn more than $75,000 participate.

Preschool attendance rates are generally much lower than kindergarten attendance, and show a pronounced relationship to the concentration of poor children in schools. Non-Head Start preschool participation rates are markedly skewed in favor of children now attending low-poverty schools, where attendance rates approach three times the level observed for high-poverty schools. Including participants in Head Start programs roughly doubles the proportion of children in high-poverty schools who have had some preschool experience. This reduces the gap in preschool exposure between children attending low- and high-poverty schools, but does not come close to eliminating the difference (U.S. Department of Education, 1993).

Furthermore, even when Head Start eligible children attend other early childhood programs, services provided may not be appropriate to meet their needs. For example, The National Commission for Children (1991) found that few other programs offer Head Start's comprehensive approach.

5. In many communities and states Head Start, public schools, and other early childhood programs and providers responsible for addressing the needs of young children and families operate in isolation from one another without adequate resources, planning, and coordination.

The benefits of Head Start may be threatened if high quality comprehensive services are not provided from Head Start through the primary grades. The recent attention to the National Education Goal of School Readiness recognizes that success in schools goes well beyond the provision of one year of educational services for young children. The three objectives of the readiness goal call attention to the need for adequate health and nutrition, parent involvement, and the provision of high quality developmental early childhood programs.

The National Task Force on School Readiness framed the readiness issue as the provision of such health, family support, and education services for children birth through age eight (NASBE, 1991). In such an approach, readiness depends on the quality of the environment provided before children enter school as well as the expectations and environments provided during the early elementary grades.

The readiness goal provides a vision for children and families that can be shared by Head Start and other preschool programs and the public schools. This vision calls for necessary services to ensure that children receive attention to their health and nutrition needs, that parents are involved in the education of their children, and that continuous developmental education services are provided to children throughout the early years. When either the preschool program or the schools fail to adequately address any of these three areas, the future success of low-income children can be placed at-risk.

In many parts of the country there are differences between Head Start and the schools in pedagogy, philosophy, and structure (Kagan, 1991). Head Start provides comprehensive services including health, education, parent involvement, and social services. The central mission of the schools in grades K-3 is different—schools serve all income groups and focus on preparing children for reading and academic success. Parent involvement

and health and social services may play an important supportive role, but are not as central as in Head Start.

These differences, along with the uneven quality of services that may be found in either Head Start or the schools, can lead to discontinuity for children and parents as they move from one setting to another during the early years. In order to sustain developmental gains for low-income children, high quality comprehensive early childhood education should be available both in Head Start and other early childhood programs and in the schools.

Two types of activities have supported improved continuity of services for young children and families. First, there have been a series of Head Start and school transition efforts which began with Follow-Through in 1967 and Project Developmental Continuity in 1974 and continue today through the Head Start Transition Projects and the Head Start/OERI Transition Initiative. Second, recent school reform efforts call for more developmentally appropriate primary education, expanded parent participation in schools, and supportive services.

Despite these and other reform efforts, the quality of Head Start programs still may vary, and too many public schools may fail to offer developmentally appropriate and culturally responsive classroom activities for low-income children, to welcome active parent involvement, and to address health and family support. This may be particularly true where children speak other languages, when children have disabilities, and when children and families are homeless.

Furthermore, according to the National Transition Study funded by the U.S. Department of Education (Love & Logue, 1992), transition activities for all children between preschool and schools are not widespread. For example, only 10 percent of schools report systematic communications between kindergarten teachers and previous teachers, only 12 percent of schools have kindergarten curricula designed to build on the preschool programs, and less than half (47 percent) have a formal program for school visitations by parents.

Services for children and families prenatal through age eight are often fragmented with few incentives for coordination. In addition to the need for continuity as children move into public schools, Head Start must now fit into a diverse set of early childhood programs and resources at the federal, state, and local level. Some of the most dramatic changes in communities since the beginning of Head Start are reflected in the increased number and variety of programs sponsored by states and local education

agencies, the increase in resources and mandates for serving children with disabilities, and the expansion and demand for full day services.

There is a general lack of resources and cohesive policies and planning for young children and families across the early years. Along with other studies, the National Task Force on School Readiness found that programs for young children are largely uncoordinated. For example: conflicting eligibility and funding requirements often lead to discontinuity for children and confusion for parents, and program and fiscal policies often make it difficult for communities to develop quality services (NASBE, 1991). In addition, there are generally few mechanisms to encourage states and communities to plan and coordinate services. Lack of coordination often leads to competition for children, staff, and space (Goodman & Brady, 1988).

Although Head Start is the largest single early childhood program funded by the federal government, there are limited incentives for Head Start to coordinate at the state or local level. Head Start currently has 22 state collaboration grants; however, these programs have limited resources and supports and have not been adequately evaluated. This is at a time when more than 33 states are developing and implementing statewide initiatives to provide integrated children and family services.

Moreover, at the local level there is often no unified planning process for early childhood services. Although Head Start is required to conduct a community needs assessment, such activities too often take place without sufficient coordination with other early childhood and family support providers.

In summary, the Advisory Committee finds that although the majority of Head Start programs are providing quality services, some local programs need improvement. In addition, Head Start programs today need to be strengthened to better serve the diverse needs of families and to fit into the constellation of programs for children and families found in communities and states across the country.

Part II

A Renewed Vision: *Advisory Committee Recommendations*

"It is clear that successful programs of this type must be comprehensive, involving activities generally associated with the fields of health, social services and education. Similarly, it is clear that the program must focus on the child and the parent, and that these activities need to be carefully integrated with programs for the school years."

Recommendations for a Head Start Program, Panel of Experts
February 19, 1965

The Advisory Committee on Head Start Quality and Expansion hopes to begin a new chapter in the history of the program.

The Advisory Committee on Head Start Quality and Expansion hopes to begin a new chapter in the history of the program by renewing the Head Start vision in a way that will respond more effectively to a changing world.

The Advisory Committee seeks to build upon Head Start's impressive track record of success working with low-income children and families and on the principles that have led to that success: Head Start's comprehensive approach, its commitment to parents, and its community focus.

The Advisory Committee reaffirms the original goal of Head Start which states:

> ***"The overall goal of Head Start is to bring about a greater degree of social competence in children of low-income families. By social competence is meant the child's every-day effectiveness in dealing with both the present environment and later responsibilities."***
>
> - Head Start Program Performance Standards

To achieve this goal, Head Start has played and should continue to play multiple roles:

- Head Start provides quality comprehensive child development services that are responsive to the needs of low-income children and families, including health care, developmentally appropriate education, parent involvement, social services, and disability services;
- Head Start helps low-income parents achieve and maintain self-sufficiency and a greater degree of involvement in the education of their children; and
- Head Start serves as a national laboratory for services to young children and families and provides leadership in early childhood and family support services through program innovation, partnerships with other service providers, and efforts to inform both practice and policy.

We envision an expanded and renewed Head Start which serves as a central community institution for low-income children and their families.

As the Advisory Committee looks forward to the next century, we envision an expanded and renewed Head Start which serves as a central community institution for low-income children and their families. The Head Start of the 21st century:

- Ensures quality and strives to attain excellence in every local program;
- Responds flexibly to the needs of today's children and families, including those currently unserved; and
- Forges new partnerships at the community, state, and federal levels, renewing and recrafting these partnerships to fit the changes in families, communities, and state and national policy.

The recommendations set forth by the Advisory Committee implement these three broad principles.

1. We must ensure that every Head Start program can deliver on Head Start's vision, by striving for ***excellence*** *in serving both children and families.*

The Advisory Committee believes that the quality of services must be a top priority. We should strive for excellence in all Head Start programs by focusing on staffing and career development, improving the management of local programs, reengineering federal oversight to assure accountability, providing for better facilities, and strengthening the role of research.

2. We must expand the number of children served and the scope of services provided in a way that is more responsive to the needs of ***children and families****.*

The Advisory Committee reaffirms the concept that all children eligible for Head Start should be served with high quality services. Head Start should focus on the needs of children in the context of their families and communities by enhancing family services and increasing parent involvement, assessing needs and planning strategically, reaching children and families currently unserved, promoting full day and full year programs where needed, and expanding services to families with younger children.

3. We must encourage Head Start to forge ***partnerships*** *with key community and state institutions and programs in early childhood, family support, health,, education and mental health, and we must ensure that these partnerships are constantly renewed and recrafted to fit changes in families, communities, and state and national policies.*

Because no program, no matter how excellent, can go it alone, we must ensure that Head Start joins forces with other providers in the community and state. As a partner, Head Start can not only maximize its own resources, but it can use its leadership to influence other service providers to adopt the core concepts that have made Head Start such a success.

Head Start and public schools should renew commitments to ensure continuity of services by providing developmentally appropriate programs, parent involvement, and supportive services from Head Start through the primary grades.

Head Start should form new partnerships at the state and local level to provide more coordinated services to families; it should play a central role on behalf of low-income children and families in emerging national initiatives, particularly in national service, health reform, education reform, family preservation and support, and welfare reform.

1. Striving for Excellence

The Advisory Committee believes that all Head Start programs should provide high quality comprehensive services in order to be effective and to better assure long term benefits for children and families. Head Start programs must have a clear understanding of policies and expectations and should receive sufficient levels of support and resources to achieve this goal.

The Committee believes that no Head Start program should be allowed to fall below a minimum level of programmatic and fiscal performance and still continue to operate. At the same time, all programs should strive for excellence in serving both children and families.

To accomplish the dual purposes of establishing a minimum floor of quality and encouraging excellence, the Committee recommends the following five specific steps.

Step 1: *Focusing on staffing and career development.*

Head Start delivers its services from people to people: 100,000 front line staff and managers working with children and families every day. Our strategy to improve quality, therefore, needs to begin with the working environment for staff.

Head Start delivers its services from people to people: 100,000 front line staff and managers working with children and families every day. It is not a factory or technology; it is a social system. Our strategy to improve quality, therefore, needs to begin with the working environment for staff. Our energies need to be placed on creating local capacity for assuring quality and creativity in the interactions between staff and children and parents.

Head Start staff need to feel valued and recognized. They need opportunities for outside observation and feedback. They need time, opportunities, and incentives for advancement. They need to feel part of a team.

In order to assure quality and achieve and sustain excellence in Head Start, the Advisory Committee recommends launching a **Head Start staff support and improvement initiative.** This initiative would weave together six key action steps to implement the following principles:

- ☐ All staff should have the knowledge and expertise required to effectively fulfill their job responsibilities;
- ☐ Staff in all components should reflect the language and culture of the children and families served;
- ☐ Continued efforts should be made to recruit staff from the community and to develop the skills needed in the community;
- ☐ Training should be ongoing and structured to include observation and feedback;
- ☐ Whenever possible, training should be linked to college credit and should lead to degrees or other recognized credentials;
- ☐ Training and resources should be made available to support a differentiated staffing model with various levels of qualifications, roles, responsibilities, and compensation;

- ☐ All staff should take initiative and personal responsibility for their own professional growth and should be offered ample opportunities and support for career advancement;
- ☐ There should be sufficient levels of supervisory staff available to provide ongoing and regular support to staff; and
- ☐ Caseloads and child-staff ratios should be at sufficient levels to encourage ample opportunities for staff-parent and staff-child interactions.

The Committee recommends the following six actions to implement these principles:

Action: *Provide national leadership in developing and implementing staffing plans in every Head Start program.*

Every Head Start program should have a staffing plan that addresses staff qualifications, job descriptions, staffing levels, mechanisms for establishing wage scales and benefits, and linkages to education and training that will allow staff to advance through various roles with increasing levels of responsibility and compensation. The plans should be designed to encourage successful staff-parent and staff-child interactions. While each plan will be different in order to respond to local needs, HHS should provide leadership through the development of model plans that can provide guidance to local programs and through technical assistance to support the effort.

Action: *Develop a new initiative to encourage "qualified mentor teachers" to support classroom staff.*

Head Start teachers working directly with children should receive adequate levels of observation, feedback, and support to promote developmentally appropriate practice. A sufficient number of master teachers with B.A. degrees in early childhood education or equivalent and appropriate experience should be available to supervise and support small numbers of classroom staff. In addition to providing more decentralized, qualified supervision to classroom staff, the master teacher position could serve as a career development opportunity for individuals who are classroom teachers. A "mentor" position should also be developed for home visitors and family service workers.

Action: *Establish competency-based training for staff who work directly with families.*

A new initiative is needed to identify the key competencies required of Head Start family service staff, to develop a curriculum that will support and develop those competencies in Head Start staff, and to promote and institutionalize a widely accepted credential that will signal attainment of those competencies. To ensure that existing work is not duplicated and that the credential is widely accepted throughout the early childhood and family support fields, Head Start should work collaboratively with the range of other organizations currently examining this issue. A joint initiative would strengthen the capacity of Head Start staff and enhance the quality of services provided to Head Start families, while also reinforcing Head Start's role as both partner and leader in the early childhood and family support fields.

Action: *Ensure sufficient staffing levels to serve children and families effectively.*

While specific staffing ratios may depend on the staffing models chosen by individual programs, HHS should set goals designed to ensure that social services, parent involvement, and health staff have sufficient time to interact effectively with families and with community agencies. HHS should consider caseload goals of at least 1:35 for staff who work directly with families. In addition, while the specifics must again remain flexible given different program structures, HHS should set goals for supervisory staffing designed to ensure that component coordinators and supervisors have adequate levels of responsibilities to provide effective support and guidance to direct service staff.

Action: *Continue to increase the compensation of Head Start staff.*

After years of inadequate wages and benefit levels, Head Start programs have begun to increase staff compensation. This important effort should be continued. In addition, local grantees and HHS should:

- ☐ Increase efforts to provide training opportunities that can lead to increases in salary;

- ☐ Provide sufficient flexibility so that additional resources can be made available for staff compensation in programs with particular needs;
- ☐ Provide federal leadership in the design of benefit pools and retirement plans for Head Start staff; and
- ☐ Conduct annual salary surveys and document the impact of salary enhancement on quality.

Action: *Strengthen the availability of training and career development opportunities at the local level.*

To ensure that all Head Start staff have the opportunity and financial support to pursue education, training, and career development that will ultimately benefit children, local grantees must have better access to institutions of higher education, professional organizations, state training initiatives, and potential federal leadership development opportunities.

- ☐ HHS should convene key players in the higher education community (including the historically black colleges and universities) in order to strengthen their work with Head Start grantees, build a nationwide network of quality academic programs, and improve the ability of local grantees to purchase effective, relevant training at a convenient academic location;
- ☐ Head Start programs and staff should be linked to career development systems for early childhood staff currently under development in a number of states. Head Start programs should encourage staff to participate and also share training materials and experience. HHS and the Office of Special Education and Rehabilitation Services should work collaboratively to ensure well-trained special education staff; and
- ☐ HHS should develop a leadership fellows program to build outstanding leadership in Head Start and other early childhood programs and to provide opportunities for promising staff from the field to work in national professional organizations, and HHS regional and central offices. Such an initiative should include the foundation and corporate communities as well as leading colleges and universities.

Step 2: *Improving the management of local programs.*

The challenges faced by local Head Start programs have multiplied in size, scope, and complexity in recent years. HHS and local grantees must ensure that the managers of local Head Start programs have what they need to lead programs effectively in a changing world: knowledge, skills, commitment not only to children and families but to the complex tasks of management and leadership, and the support and infrastructure they need to manage effectively. The Advisory Committee recommends that HHS implement the following five actions to improve local capacity to manage and deliver quality programs:

Action: *Emphasize and expand management training.*

All Head Start directors and management staff should receive training in fiscal management, planning, supervision and staff support, parent involvement in all components, and other topics related to the overall administration of the program. A system of follow-up and technical assistance should be included in the training. This training initiative could build upon the Johnson & Johnson Management Fellows Program and other successful models, and should seek to involve colleges and universities across the country.

Action: *Strengthen financial management policies and practices.*

All Head Start grantees must have mechanisms in place to ensure the proper use of funds. Special steps should be taken to strengthen the financial oversight of Head Start programs. The following strategies are suggested:

- ☐ Develop review groups to study existing financial management practices and help local grantees adopt best practices;
- ☐ Develop appropriate materials and increase training opportunities for Head Start directors and financial staff to ensure that they are able to carry out their program management and administrative responsibilities effectively. Special attention should be given to the training needs of new staff, to programs experiencing difficulties in the area of financial management, to the topic of cost allocation requirements, and to the automation of financial record-keeping;
- ☐ Increase the opportunities for joint training on fiscal policies for both program and fiscal staff in the HHS central and regional offices; and

- ☐ Ensure consistency in monitoring and interpretation of fiscal policies across the regions, including the system of cost allocation.

Action: *Support strategic planning at the local level through a multi-year "phased in expansion" strategy.*

HHS should consider phasing in expansion so that programs are able to look ahead over a multi-year time line.

One barrier to the effective management of local programs in the past has been the nature of the expansion process. For the most part, expansion planning has been undertaken on a year-to-year basis without enough consideration of long-term expansion objectives and the overall child and family service needs of each community. In order to promote more strategic planning and more effective management of resources, HHS should consider phasing in expansion so that programs are able to look ahead over a multi-year time line, with not every program expanding every year.

Criteria to select programs for expansion in a given year might include the completion of a multi-year plan, readiness to expand, and high need of the community. Consideration should be given to the use of planning grants as a mechanism to assess needs and provide the information needed to phase in expansion effectively, particularly in areas of great need or limited resources and in new or underserved areas.

The Committee believes that many of the Head Start quality issues raised recently are related to the inherent uncertainties that accompany the annual appropriations process. Uneven and unpredictable funding increases, including the rapid expansion of the past five years without appropriate technical assistance and support, have prevented program administrators at both the federal and local levels from developing long term strategic plans and from phasing in program expansion efforts in an orderly fashion. Future expansion of the program must reflect the need to assist local grantees in strategic planning to better accommodate expansion targets while maintaining the level of quality required of all grantees. The Committee believes that, in order to achieve the goals of Head Start, the Administration should explore the full range of funding options for the Head Start program commensurate with an effort of this magnitude and importance.

Action: *Update the Head Start Performance Standards.*

Over the past 18 years Head Start's Program Performance Standards have defined the scope and quality of the services that local programs are expected to provide to all enrolled children and their families. Among other things, the Standards have helped to promote Head Start's fundamental concepts and goals; they have helped to sustain Head Start's stature as a national program with nationwide service requirements; they have served as the basis for the development of a relatively uniform system of federally and locally-conducted program assessments; and they have served as a model for emerging early childhood programs.

The Advisory Committee reaffirms the role and value of the Performance Standards. At the same time, they recommend that the standards and the guidance be reviewed and revised to reflect changing circumstances and problems facing Head Start children and families today, the evolution of best practices in the fields of family support and early childhood, the program's experience with the use of the Standards since 1975, and the anticipated expansion of the program over the coming years.

The Advisory Committee identified a number of key issues to be considered in the review and update of the Performance Standards. The Committee believes that the review should promote quality, respond to community needs, and strengthen as well as streamline standards. The following are among the specific issues the Committee recommends for review:

- Increasing the emphasis placed on the business practices of the Head Start program, including the development of performance standards in the area of financial management;
- Examining the adequacy of existing requirements in the area of management and administration and expanding these requirements to include, for example, minimal competencies for staff involved in financial and management related jobs;
- Including requirements on staffing levels and qualifications for key positions in each of Head Start's service components—education, health, social services, parent involvement, and disabilities;

- ☐ Including requirements and/or guidance supporting developmentally appropriate curriculum, emergent literacy, and transition of Head Start children to elementary school;
- ☐ Clarifying Head Start's immunization and other health requirements to ensure that there is consistency between the standards, reporting requirements, and best practices;
- ☐ Strengthening requirements (and providing resources) in the area of mental health to ensure that staff have access to the best practices about working with children with challenging behavior, that mental health services are seen as working collaboratively with Head Start family service and classroom staff, and that Head Start is linked with appropriate mental health providers and resources in the community;
- ☐ Ensuring that nutritional requirements meet the needs of children and families;
- ☐ Placing more emphasis on expectations related to the provision of family services and making it clear that Head Start programs have a responsibility for working with families proactively through the conduct of family needs assessments, the development of plans for meeting family goals, serving as case managers and ombudsmen, coordinating efforts with other service providers, and promoting basic skills and family literacy;
- ☐ Reinforcing the role of parents in the decisionmaking process;
- ☐ Finalizing regulations governing programs serving children from birth through age three;
- ☐ Developing regulations to assure that safe and effective transportation services are available; and
- ☐ Providing incentives to coordinate with other local, state, and federal programs.

Efforts to improve the Performance Standards should also take into account the quality standards and systems in other early childhood and family support programs, such as the NAEYC Center Accreditation System; work in education and human service programs in establishing outcome based accountability systems; and guiding principles of the National Performance Review to increase responsiveness to clients, empower front-line workers, and minimize regulations and paperwork.

In addition, any future revision of Head Start's Performance Standards should take into consideration the special needs and unique circumstances of programs serving Native Americans and migrant and seasonal farmworkers.

Action: *Develop performance measures to support strong outcomes.*

HHS should develop performance measures specially tailored to the Head Start program.

While there is considerable debate about the role of performance measures in general and outcome measures in particular in the early childhood field, the Advisory Committee believes that HHS should consider developing performance measures specially tailored to the Head Start program, in consultation with the Head Start and early childhood community. Performance measures assessed at the program level (not at the level of the individual child) can be effective as a management tool for increasing accountability, fostering a commitment to results that reduce red tape, and accomplishing program objectives more efficiently. The development of measures would be consistent with the requirements of the Government Performance and Results Act of 1993 and the recommendations of the National Performance Review.

The Advisory Committee recognizes and appreciates the current debate in the early childhood field regarding the desirability and reliability of current methods available to measure child outcomes. Our intention is not to require or encourage such **child-level** measures in Head Start programs but rather to begin a debate regarding the most useful **program-level** indicators and measures.

A wide variety of measures might be considered, addressing program quality, operational and fiscal effectiveness, and—to the extent possible—the experiences of children and families. Measures that currently are collected through monitoring reviews (such as the percent of programs meeting the key Performance Standards) and through the Program Information Report would provide a useful starting point while imposing a minimal burden, though the limitations of these data sources must be recognized. Possible measures include program characteristics such as caseload levels and class size; program results such as immunization levels, services provided to families, and family needs assessments completed; and qualitative assessments of child and family experiences. The array of performance measures should also address financial and overall program management in such areas as legitimate use of federal funds,

adequate documentation of expenditures, and appropriate internal controls.

Step 3: *Reengineering federal oversight to provide for greater accountability.*

To strengthen federal stewardship, to ensure that the federal government can live up to its responsibility to build capacity and support quality in local programs, and to restore the federal leadership capacity, the Advisory Committee recommends five specific actions:

Action: *Reassess and design the Head Start training and technical assistance system to support program quality and expansion.*

Training and technical assistance, whether provided by federal staff or by contracted providers, requires major attention as part of a quality strategy. Therefore, the Advisory Committee recommends that HHS consult with the Head Start community and respected external advisors to develop a training and technical assistance strategy that:

- ☐ Reflects the central priorities of this report;
- ☐ Retains sufficient flexibility beyond these central priorities to meet needs that emerge at the grantee, regional office, or central office level;
- ☐ Builds in ongoing feedback from all users, including Head Start grantees and regional office staff;
- ☐ Takes full advantage of new and emerging training technologies, such as interactive video;
- ☐ Allows for innovation in the structure of technical assistance (TA) where needed to link Head Start grantees to the best available expertise (for example, in health care or facilities financing);
- ☐ Links as effectively as possible to related technical assistance and training efforts, such as state early childhood initiatives;
- ☐ Builds on existing expertise within the Head Start community as well as outside it;
- ☐ Determines the right staffing size and mix to ensure adequate training and technical assistance;

- ☐ Ensures that education staff receive training in developmentally appropriate practice and methods for supporting children's language and literacy; and
- ☐ Reflects best research and knowledge about how to train staff to effectively carry out their responsibilities.

Action: *Review and strengthen Head Start monitoring.*

On-site monitoring has been a key element of Head Start's overall strategy to ensure quality services and local accountability. However, both federal staff and local grantees report a need to strengthen monitoring, to target it more carefully, and to link it more effectively to technical assistance.

Therefore, the Advisory Committee recommends that HHS conduct a thorough review of the current monitoring system, including the instruments used; the process of on-site reviews; the training and travel funds needed for federal staff; the adequacy and timeliness of feedback, follow-up, and links to technical assistance; the variability or consistency of standards across regional offices; and the qualifications and training of consultants employed in monitoring. Consideration should be given to alternative or supplemental monitoring systems which rely on grantee self-assessments and outside validation; to the use of outside accreditation by professional organizations as a supplement to monitoring; and to the development of new structures to support quality, such as a Quality Maintenance Organization that could help programs initiate self-improvement efforts and assess their progress.

Action: *Ensure prompt action to deal with low-performing grantees.*

HHS must make clear that persistently low performance—whether fiscal, management, or programmatic—is grounds for termination of a grantee. The Committee recommends that HHS put into place a time-sensitive process for working to correct deficiencies and, if necessary, defunding low-performing programs. To ensure that this process works smoothly across the country, regional offices should be trained and supported in resolving cases of low performance, and HHS should also consider developing a "hard case team" which would specialize in handling the hardest cases in a timely fashion.

Action: *Review Head Start's administrative structure and federal staffing levels.*

HHS should convene a working group to review the federal structure and staffing of the Head Start program. Such a review should consider staffing levels, staff qualifications and training, communication between the central office and regional offices, reporting relationships, and opportunities for streamlining processes and responding more effectively to grantees.

While the Committee believes that such a review would identify opportunities to perform federal duties more efficiently, it also believes that increases in the number of federal staff at the regional office and central office levels are necessary to ensure quality. In addition, the Committee anticipates that the review would identify specific areas of particular need, such as health policy staffing in the central office.

Action: *Launch a professional development and training initiative for federal staff at the regional office and central office levels.*

To support quality in local programs, provide leadership on emerging issues, and effectively monitor and review program operations, federal staff need to stay up-to-date in their fields. The Advisory Committee recommends an initiative to target professional development and training to key federal staff in the regions and central office in order to maintain or enhance their expertise in early childhood education or other program components, and to strengthen their generic skills in program assessment and technical assistance. Exchange programs and fellowship opportunities that place federal staff on-site in local programs should be considered as one approach.

Step 4: *Providing for better facilities.*

The need for improved and expanded facilities remains a critical issue facing Head Start programs.

Over the years Head Start programs have invested significant resources in renovating facilities, yet the need for improved and expanded facilities remains a critical issue facing Head Start programs and a barrier to expansion. The Head Start Improvement Act allows Head Start programs the authority to purchase facilities. The following four actions are recommended in order to assist programs with such purchases:

Action: *Issue regulations on facilities.*

HHS should promulgate draft regulations implementing the Head Start Improvement Act which, for the first time, authorized Head Start grantees to use grant funds to purchase facilities. HHS regional offices and grantees should be provided training on the regulations when they are issued in final form, to ensure consistent interpretation.

Action: *Assess the state of Head Start facilities.*

A systematic assessment of all Head Start facilities should be conducted to determine where problems exist and to understand better the level of funding and technical assistance which might be necessary to assure all Head Start programs are operating in high quality licensed facilities.

In addition, further consideration is needed for Head Start to be able to construct facilities, particularly in communities with a lack of facilities available for purchase or renovation.

Action: *Provide technical assistance on facilities.*

A national technical assistance capacity should be developed to assist programs in the planning and financing of facilities. Training and technical assistance should include issues related to financing, planning, development, site acquisition, construction, access and other code requirements. HHS should convene those involved in state and local facility projects to help document and disseminate promising initiatives. There should be someone designated at the regional level to serve as a facilities specialist for each region. Emphasis should be placed on the promotion of routine maintenance.

Action: *Explore creative ways to leverage other funds to secure quality facilities.*

HHS should explore launching a special initiative with Federal financial institutions and private investors to leverage additional resources to secure adequate Head Start facilities. HHS should convene a meeting or meetings with other funding agencies to help develop capital assistance funds to be utilized for critical existing capital replacement needs and facilities expansion.

HHS should encourage the use of existing tax incentives, federal loan guarantees, revenue bonds, and low-income tax credits to invite socially responsible investors to allocate private resources to the Head Start and child care facility renovation and expansion funds.

Step 5: *Strengthening the role of research.*

Head Start is entering an historic period of reexamination, improvement in quality, and expansion of services. The size of the program, its comprehensive services, the diversity of the population it serves, and the fact that it is federally funded suggests a role for Head Start as a national laboratory for best practices in early childhood and family support services in low-income communities. Because Head Start needs to expand and renew itself in order to assume its role as a state-of-the-art "technology," there is a concomitant and compelling need for a new, expanded, and formal role for Head Start research.

The Committee recommends five major actions and strongly endorses active and continued participation of the research community in their implementation.

Action: *Build a strong and enduring infrastructure for Head Start research to ensure that Head Start is able to carry out its leadership role on an ongoing basis.*

The recognition of a new role for research and the need for a comprehensive, coordinated and long-range program of research was the basic theme of the 1991 report, *Head Start Research and Evaluation: A Blueprint for the Future*. The panel presented the first opportunity in more than a decade and a half for a systematic analysis of research needs relevant to the future of Head Start. The Blueprint pointed out the necessity to build the capacity to establish the institutional mechanisms and collaboration between Head Start and the overall research community that are essential to carry out a research agenda. This Committee reaffirms that earlier work.

A strong and effective research voice depends critically on an ongoing organizational home, a reliable funding base, and strong institutional relationships with the external research community. In consultation with external researchers and the Head Start community, HHS should conduct a thorough review of the alternatives for providing these key elements of the infrastructure. Key issues to address include:

- ☐ Development of an organizational structure to support Head Start research internally. Effective ongoing research requires both a primary organizational home and strong links across the federal government to other research enterprises that focus on related issues of child and family development;
- ☐ Assurance of sufficient financial and personnel resources to carry out a strong research program;
- ☐ Development of strong and lasting relationships with the external research community;
- ☐ Development of a data infrastructure, through the establishment of a data archive and continual updating, synthesis, and dissemination of the literature; and
- ☐ Assurance of ongoing input from researchers as well as practitioners, through one or more working groups that can provide advice in the planning and design of the research agenda and individual studies.

Action: *Conduct new Head Start research focusing on quality and other policy issues.*

Much more information is needed to help plan program improvements and to help inform policymakers.

Although some data is available regarding the quality of Head Start programs, much more information is needed to help plan program improvements and to help inform policymakers about the key elements that lead to program effectiveness. Information is needed at the local and national level which examines the best ways to provide quality services in all components—education, health, social services, parent involvement, and disabilities.

The Head Start Program Performance Standards can be a useful tool to the research community to help understand and assess the indicators of quality at the local level. The way programs interpret these standards to meet the needs of a diverse population under various local conditions can provide a rich source of data regarding how to define and implement comprehensive child development and family support programs.

Examples of issues for research to address include:

- ☐ How are educational services being delivered to children in various settings? How do staffing patterns and curriculum vary? What approaches are most effective for which children? Is language and literacy of children being adequately addressed by programs?
- ☐ What types of services are being provided to families and how are these affected by local conditions, family needs, allocation of resources, level of training provided to staff?
- ☐ How are parents involved in the program? What methods are most effective in involving hard-to reach families, mothers and fathers, grandparents and other extended family members, working families, families with special needs?
- ☐ How are health services being provided? How is the effectiveness of health services affected by local conditions, local resources, training of staff, needs of children and families, access to community resources?
- ☐ How are the needs of children with special needs and their families being met by Head Start programs? What can we learn from these promising practices for Head Start and other early childhood programs? How are services coordinated with other funding streams and service providers? What efforts are being made to serve children with more severe handicapping conditions?
- ☐ What factors are important in sustaining and improving quality, especially as programs are extended to full day, full year?
- ☐ What community factors influence program quality, and how do Head Start programs affect the quality of services available in their communities?
- ☐ How are Head Start programs and other early childhood and family support programs coordinated, how can coordination be improved, and what is the quality of children's experiences across combinations of programs?
- ☐ What impact are state collaboration efforts having on the delivery of Head Start services? On other early childhood and family support programs?

Action: *Conduct longitudinal research on children and families served in Head Start programs.*

There is a limited number of studies on the long term impact of Head Start on children and families. Available information is dated, since we know that the conditions under which children and families are living have changed dramatically. In addition, Head Start serves a more diverse population than in earlier days, and one that is not adequately represented in the majority of the studies. Furthermore, most data focuses primarily on the effect of programs on children. New efforts are needed which focus on the effects both on children and on overall family functioning.

One primary purpose of conducting longitudinal research is to identify the intervening mechanisms which promote or inhibit successful development for children and families in the years following Head Start. Research is needed to identify the interacting mechanisms that are operating at the individual (child), family, school, and community levels over the course of development.

The Advisory Committee believes that HHS should take steps to implement a plan of longitudinal research on Head Start children and families which adheres to the principles and recommendations outlined by previous advisory committees on Head Start research.

Action: *Expand the partnership between research and practitioners by encouraging better communication and better utilization of data.*

In the past, Head Start research often has been isolated from practitioners. The members of this Committee believe that practitioners of today should be partners in any new research effort. To this end, HHS should continue to highlight emerging research, encourage dialogue between practitioners and the research community, and seek input from the Head Start community as new research and evaluation efforts emerge and new methodologies for data collection are developed.

In addition, if Head Start programs are to attain the goals for quality and responsiveness articulated elsewhere in this report, HHS must greatly strengthen its capacity to disseminate research that can be used by practitioners to improve their programs. To this end, HHS should consider developing materials and technical assistance that help translate "research into action" for program operators.

Such efforts should include training on how to use program and community information for planning as well as the dissemination of emerging findings from a wide variety of studies which address issues related to low-income children and families.

Action: *Develop a long-term research plan for Head Start which places Head Start in the broader context of research on young children, families, and communities; ensures a commitment to ongoing themes; and yet has the flexibility to respond to new and emerging issues.*

Too much of Head Start research has been ad hoc and isolated from key developments in the broader field. The Committee recommends that HHS, with extensive consultation in the academic and Head Start communities, develop a long-term approach to research that draws on emerging themes and developments in the broader early childhood field. The approach must:

- ☐ Link to the knowledge now being developed in related research agendas about child growth and development, child rearing, family economic well-being, assessment of quality in early childhood programs, and capacity-building in communities and in human services programs;
- ☐ Provide enough continuity and coherence so that research efforts can be sustained, so that researchers can learn from the accumulated results of multiple projects, and so results can be effectively combined and disseminated;
- ☐ Include multiple approaches to answering the challenging questions about Head Start, including basic and applied research activities, demonstrations of innovative approaches, description and documentation of key elements of service delivery, and evaluations of program effectiveness;
- ☐ Include strategies for anticipating and responding to new and emerging issues, such as the effects of the changing conditions of poverty (including exposure to violence) on Head Start families and on the program; and
- ☐ Better link research findings to policy decisions.

The Advisory Committee calls for the targeting of additional resources to implement these recommendations in order to better inform the policy decisions of the next generation of Head Start programs.

2. Expanding to Better Meet the Needs of Children and Families

Head Start has seen unprecedented increases in the number of children served over the past few years. However, policies have too often been confined by goals to serve additional four year old children in half day/part year programs, without regard to the unique needs of children, families and communities.

The Advisory Committee recommends a more strategic approach to expansion which balances the need to maintain quality and serve additional children, with a greater sense of responsiveness to family needs and community resources.

The following five steps are recommended to guide Head Start expansion:

Step 1: *Enhancing family services and increasing parent involvement.*

The Advisory Committee believes that Head Start's strong commitment to parents has been a cornerstone of its success. Given the changes in families today, the Committee believes that Head Start should recommit itself to providing "two generational programming" that focuses on parents as well as children. To this end we recommend the following three specific actions.

Head Start should recommit itself to providing "two generational programming" that focuses on parents as well as children.

Action: *Review and expand current resources used for family services, parent education, and family support.*

As Head Start programs assess community priorities, they should pay particular attention to the current level of services and resources focused on supporting parents in order to develop new strategies for expanding family services where needed. These strategies may include the commitment of Head Start quality and expansion funds to provide adequate staff to work with parents as well as linkages with other resources in the community to expand services. Particular efforts should be made to provide and/or link Head Start parents to family support programs in the community, employment services, family literacy programs, and substance abuse services when needed.

The Head Start Improvement Act included a provision which requires every Head Start agency to provide parents of children participating in the program with child development and literacy skill training in order to help their children reach their full potential. The Advisory Committee believes that HHS should promote this new provision through additional resources, materials, training and technical assistance and demonstration support to promote literacy and parenting skills. Literacy should be promoted in an atmosphere that encourages the development of skills across the generations.

Over the last decade, general awareness of the status of adult literacy in the United States has increased. Although few Americans are completely illiterate, many have literacy skills below the level needed to participate effectively in an increasingly complex society. The inability to read can profoundly limit opportunities, often resulting in unemployment and poverty. Parents with low-literacy skills who experienced frustration and failure as children may, as adults, avoid literacy related activities and communicate their insecurities about literacy and schooling to their children, and thus perpetuate an intergenerational cycle of illiteracy. According to the National Center for Literacy, the single most important factor for academic success is the expectation held by parents for the educational attainment of their children.

Head Start must address family literacy as part of its efforts to support parents as the first teachers of their children and promote the economic independence of Head Start parents. Data from the 1987-1988 Head Start Program Information Report indicate that 49 percent of the primary caregivers for Head Start children have attained less than a high school diploma or GED. While the level of functional literacy possessed by these parents is unknown, observations by Head Start programs addressing adult literacy suggest a wide range of needs. Addressing these needs will require a comprehensive and supportive approach.

Action: *Increase efforts to involve parents in all aspects of the Head Start program.*

As families change, so must the strategies for involving them in the program. HHS should support local programs in reviewing their current level of parent involvement in all aspects of the program and make renewed efforts to include parents as decisionmakers, volunteers, and primary educators of their children. Special efforts should be made to reach working parents, parents with special

needs, and parents of children with disabilities. Head Start should continue to strongly support parent services that respond to the cultural and linguistic needs of the families served. Head Start programs should increase efforts to ensure that parents and other members of all decision making groups (Policy Councils, Policy Committees, Center Committees, Advisory Groups) have the training necessary to participate effectively and help make informed decisions about all program issues.

Action: *Encourage male-involvement in Head Start programs.*

A number of promising initiatives and strategies have been found to encourage male-involvement in early childhood programs (Levine, Murphy, & Wilson, 1993). Given the importance of both male and female role models in the lives of young children, Head Start should focus renewed attention on encouraging creative ways of involving men in overall program activities. Training and technical assistance should be provided to Head Start programs interested in innovative ways of reaching out to fathers and other male members of the family and community.

Step 2: *Assessing needs and planning strategically.*

Head Start programs should be allowed greater latitude to design programs to address local priorities. Such priorities should be established through self-evaluations, carefully conducted family and community needs assessments, and local inter-agency early childhood planning efforts. Such policies should be clearly communicated to the regions and grantees.

The Head Start needs assessment can serve as an important catalyst for community planning.

Head Start is currently required to conduct a community needs assessment. Unfortunately this important planning process has too often been conducted outside of other early childhood planning activities going on in the community. The Head Start needs assessment can serve as an important catalyst for community planning for the entire early childhood community.

Action: *Encourage programs to reassess their total program during expansion.*

For many grantees, recent expansion efforts have focused on achieving a specific target number of additional children to be served or making some specific quality improvement. The Advisory Committee recommends that HHS promote an expansion process that encourages grantees to reassess their overall program in order to decide how expansion funds can be best utilized. For example,

some grantees, when examining their total program, may decide that the best use of expansion funds is to add a smaller number of children and to invest new dollars in adding more social service staff to reach families with more intense needs.

Action: *Strengthen the tools and capacities for conducting community needs assessment and for assessing family resources and needs.*

A complete review should be made of the tools and process used by local grantees to conduct community needs assessments. The review should include an assessment of other instruments and processes used by other early childhood and family support programs. Additional guidance and training should be provided for grantees, central, and regional office staff on any new mechanisms developed for conducting community needs assessments.

Action: *Encourage the involvement of other early childhood and family support providers in the community needs assessment process.*

HHS should require that Head Start programs work to involve other early childhood and family support agencies in the Head Start needs assessment process and should help fund demonstration efforts at community wide planning to ensure quality comprehensive services for children 0-5 or 0-8.

Step 3: *Expanding to reach children and families who are currently unserved.*

The Advisory Committee supports the goal of ensuring a high quality Head Start experience for all eligible children in need of Head Start services in a manner that responds to the changing needs of families. The following three specific actions are recommended.

Efforts must be made to balance the need for quality improvements, expanded scope of services, and serving additional children.

Action: *Continue to expand the number of children served.*

As Head Start moves to better contour services to meet the needs of families, it must make quality a top priority and continue to serve additional children and families in need of Head Start's comprehensive services. Efforts must be made to balance the need for quality improvements, expanded scope of services, and serving additional children. In addition, some Advisory Committee members raised the need for further consideration of Head Start income guidelines,

given the need to serve low-income working families and to provide greater consistency across programs.

Action: *Set priorities to target expansion to areas of high concentrations of poverty and areas of scarce resources.*

There are certain areas of the country that have extremely high concentrations of poverty. These local conditions provide additional risks for children of low-income families. At the same time these and other areas, particularly rural communities, are often seriously lacking in basic services for young children and families. Consideration should be given to targeting new resources on such areas in order to make a more significant impact on children and families in those communities.

Action: *Provide additional support to address the special needs of Indian and migrant programs.*

Particular attention should be given to addressing the special needs of Indian and migrant children and families.

The proposed expansion of the Head Start program and the efforts that will be undertaken to improve program quality afford an opportunity to address the special needs and circumstances of programs serving Indian and migrant children. Particular attention should be given to addressing the following issues of concern to these programs:

- ☐ The allocation of future funding increases for migrant programs should be reviewed. Explicit consideration should be given to the fact that these programs serve a substantial number of infants and toddlers and that the costs of serving these children are considerably higher than for serving preschoolers;
- ☐ Consideration should be given to ways in which children of seasonal farmworkers (who are not accepted by migrant programs because they do not meet the mobility criterion) can be served, including the adoption of a more flexible policy regarding enrollment of seasonal farmworkers in migrant programs;
- ☐ A targeted effort should be undertaken to improve collaboration between migrant programs and federally-funded local health, education, and disability service providers whose assistance is required to meet the needs of migrant children and families;

- ☐ The current policy which restricts Indian programs from serving Indian children off the reservation should be reviewed. In addition, the eligibility criteria for children on reservations should be reviewed and consideration given to serving all children on reservations with high poverty levels; and
- ☐ Consideration should be given to providing special authority for Indian programs to construct facilities with Head Start funds due to the lack of adequate facilities on the reservations.

Step 4: *Promoting full day and full year services.*

Head Start programs currently have legislative authority to use funds for full day services. Given the increasing number of Head Start parents in training or work, Head Start can no longer continue to be a half day program for children in those families that need full day full year services.

The following strategies are proposed to meet the needs of children whose parents are in training or work:

Action: *Allow Head Start programs to use Head Start funds to provide full year and full day services.*

Maximum flexibility should be provided to allow programs to use Head Start dollars for full day services.

Maximum flexibility should be provided to allow programs to use Head Start dollars for full day services based on a family and community needs assessment. HHS should use the established process for assessing the need for full day services and encourage consistent policy interpretation across the regions. A variety of models should be allowed to meet the full day needs of Head Start children and families including center-based as well as family child care-based services.

As Head Start programs move to full day, special training and technical assistance efforts should be put in place to help programs through the transition to full day, with particular attention to involving parents and programming for children throughout a longer day. Head Start Program Performance Standards should be enforced throughout the day.

Action: *Allow grantees to provide services during the summer as appropriate to respond to the needs of children and families.*

Head Start programs should be allowed to provide services year round where needed both to allow parents to work and to provide continuity of services for children. Such year-round family centers can provide an important safe haven for children as well as expanded opportunities for the total family during the summer months.

Action: *Continue efforts to maximize other resources to meet the full day needs of Head Start eligible children.*

Although Head Start programs should clearly be allowed to use funds to provide full day services where needed, Head Start programs should also be encouraged to leverage other resources for full day services as long as quality can be maintained. In order to ensure effective services with other resources, HHS should:

- ☐ Promote programming that avoids a dichotomy between care and education;
- ☐ Fund additional summer programs that will make it easier to use other resources to extend the day;
- ☐ Make necessary changes in child care programs or new welfare reform programs to encourage the purchasing of quality comprehensive services for children based on the Head Start model;
- ☐ Continue to develop cost allocation systems that make it easier for programs to use multiple resources;
- ☐ Provide technical assistance on the use of other resources for full day services; and
- ☐ Conduct a study of federal child care and make recommendations to provide some consistency among program requirements and procedures.

Head Start should develop partnerships with child care and other preschool programs.

Action: *Encourage Head Start programs to work more closely with the broader child care community.*

Today there are a wide variety of child care providers serving low-income children. While the Advisory Committee recommends that Head Start programs develop partnerships with child care and other preschool programs, partnership arrangements should always include investment and commitment to provide services which meet

or exceed the Head Start Performance Standards. Head Start should be encouraged to work with other providers to enhance the care through activities such as:

- ☐ Encouraging Head Start programs to enter into arrangements with community-based child care programs to serve Head Start eligible children if programs are committed to complying with the Head Start Performance Standards;
- ☐ Providing training and support to family child care providers that serve Head Start eligible children and/or their siblings;
- ☐ Conducting joint training whenever possible;
- ☐ Funding joint community needs assessments that include the local child care resource and referral agencies;
- ☐ Participating in local market rate surveys of child care;
- ☐ Reviewing child care regulations to facilitate coordination between Head Start and child care; and
- ☐ Encouraging school age child care services for Head Start children as they enter public schools.

Action: *Improve federal child care policies serving low-income children.*

Because Head Start programs are using wrap-around models, Head Start children are being served by a wide variety of funding streams which do not always adequately address their needs for quality comprehensive care. Furthermore, a number of Head Start eligible children and children from other low-income families are served by funding streams that often are not sufficient to provide quality comprehensive services. The Advisory Committee recommends that HHS promote child care policies that recognize that child care is a two generational program that should meet the needs of working parents and the developmental needs of children. In addition, steps should be taken to provide more consistency of philosophy and structure across federal child care programs while at the same time assuring quality services.

Step 5: *Serving families with younger children.*

When Head Start was created in 1965, it reflected the understanding that, especially for children in high risk circumstances, school entry was too late for society to lend a helping hand to families to prepare their children for successful life-long learning. Today, research suggests that for many families, providing one year of preschool for four year olds may be too little too late.

There are several important reasons for the nation to invest in earlier supports:

- ☐ The prenatal period and the first three years of life play a critical role in the establishment of basic health and other fundamental elements for learning about self, about others, and about ways to cope and solve problems (Hamburg, 1992; Zero to Three, 1992). Healthy child development requires a consistent, warm, nurturing, and predictable environment with adequate support from family and community.
- ☐ Increasing rates of poverty, teenage pregnancy, violence, and lack of access to primary health care and to a source of family support threaten the assurance of healthy growth producing environments for very young children.
- ☐ An emerging body of research indicates that early supports to families with young children can have a positive effect on family functioning and overall child development (Lally, Mangione, and Honig, 1987; Olds et al., 1986; Ramey and Ramey, 1992; Seitz, 1990).

Today Head Start must seek the best way to build on this knowledge. Over the years Head Start programs have begun to serve younger children and their families in Parent and Child Centers and Migrant Head Start programs. The Comprehensive Child Development Program, a program currently funded outside Head Start, has increased our experience in serving families with young children comprehensively and continuously from the prenatal period to school age. At the same time, a wide array of other service providers—parent education and family support programs, child care and development programs, health home visiting programs, and many others—have been providing effective supports to families with young children.

The Advisory Committee recommends that Head Start seek to play three roles in meeting the needs of families with infants and toddlers:

- ☐ Head Start should ensure that the services it currently provides directly to young children and their families are of the highest quality;
- ☐ As Head Start has always done in the area of preschool children, it should serve as a national laboratory for best practices and work with others in the early childhood and family support community to disseminate those practices; and
- ☐ Head Start should lead the way and cooperate with others in providing additional services to families with young children, drawing on the advice of a high-level group charged with identifying the role it can most effectively take on for these families.

The Committee recommends the following actions to enable Head Start to take on these roles:

Action: *Ensure that the services Head Start currently provides to infants and toddlers and their families are of the highest quality.*

- ☐ Publish Head Start Performance Standards. Head Start Performance Standards for this age group were first drafted in the 1970s, were revised and issued as a Notice of Proposed rulemaking in 1990, yet were never finalized. Current programs and any new initiative will require the development of a set of Performance Standards that fits the diversity of program options and includes provisions for serving children with disabilities. Standards based on the comprehensive Head Start model and particular to the needs of infants and toddlers in various settings should be promulgated;
- ☐ Include activities that enhance parenting skills and family literacy in programs that serve families with young children;
- ☐ Ensure that monitoring and oversight include people trained in infant and toddler development and health. Currently there are relatively few people at the national or regional level with particular expertise in serving younger children. In order to improve and adequately expand services to this age group, there will need to be an effort to identify staff and consultant expertise, including recruiting and training qualified federal staff, so that the program has the ability to monitor programs serving the unique needs of younger children;
- ☐ Strengthen training and technical assistance to local programs. Serving pregnant women and younger children re-

quires special skill and training. Since Head Start programs serve fewer children in this age group, only limited training and technical assistance services have been provided. As services to this age group are expanded, it is critical that appropriate T&TA supports be provided; and

- ☐ Ensure that program staffing plans and other dimensions of program quality are appropriate for infants and toddlers and their families, and that adequate resources are provided to support their special needs.

Action: *Develop a new initiative for expanded Head Start supports to families with children under age three.*

The overwhelming majority of Advisory Committee members recommend the development of a new initiative focused on serving families with children under age three. This initiative should build on the accepted principles which are the foundation of Head Start's success, including the provision of comprehensive services, with a special focus on supporting the parent-child relationship. The initiative should be informed by previous and current efforts to serve younger children, including those of the Parent and Child Centers, Migrant Head Start, and the Comprehensive Child Development Programs. Some members of the Advisory Committee recommend further study to explore ways to serve families with children under age three prior to launching an initiative.

The Advisory Committee did not reach consensus on the scope of the initiative or the exact amount of funds to be dedicated to the initiative. The range of possible approaches to funding includes dedicating a percentage of expansion funds beyond those funds currently being spent on this age group, a percentage of the overall budget, or a fixed amount.

The Advisory Committee recommends that HHS convene a high level committee, like that which planned the original Head Start program, charged with developing program guidelines to allow Head Start to serve families with children under age three most effectively. The Committee should include experts in child development, family support, health, education, training, and related fields. It should include representatives from relevant public agencies as well as national organizations. The Committee will guide this new initiative and define its role within the constellation of service providers now offering services to families with young children.

3. Forging New Partnerships

As Head Start improves and expands, it must fit into an increasingly complex array of federal, state, and community level services and resources available to low-income children and families. The Advisory Committee believes that the time is ripe for reinvigorated efforts to expand and improve all early childhood services. The Congress is poised to act on important education, health, welfare, and Head Start legislation; the Governors and state legislators continue to be focused on making progress towards the education goals; and overall, policymakers and practitioners have a greater understanding of the importance of the 0-8 period and a new vision of systemic early childhood education reform.

Step 1: *Providing continuity and coordination with schools.*

High quality comprehensive services should be provided from Head Start through the primary grades.

The Advisory Committee believes that high quality comprehensive services should be provided from Head Start through the primary grades. The Committee believes that if there is a break in the continuity of such services, it is disruptive to parents and children and can threaten potential gains.

For these reasons the Advisory Committee affirms the vision of the National Task Force on School Readiness which moved beyond a goal of "transition" as filling the gap between two different types of programs, and set forth a goal of ensuring developmentally appropriate education services, parent involvement, and supportive services for children from birth through the primary grades. It also recognizes that improvement in teaching and learning in our nation's schools, as well as strengthening the contributions of Head Start and other preschool programs are essential to ensuring the success of children.

The Advisory Committee believes that progress to achieve this new vision of continuous high quality comprehensive services will require changed roles and relationships at the federal, state, and local levels—changes that ultimately must extend beyond Head Start and particular federal education programs to include the range of preschool and early childhood education programs designed to meet the needs of young children.

The Advisory Committee also believes that there are important overlaps between the central themes of this report and those guiding current school reform efforts. Both systems are grappling with many of the same important issues, such as: How do you improve quality? How do you develop an effective system of staff training and technical assistance? How do you define appropriate outcomes? How do you develop the capacity to address

diverse learning needs effectively? How do you create stronger relationships between parents, communities, and service providers? How do you develop the capacity to effectively address diverse learning needs?

The Advisory Committee believes that, as both systems work to address these issues, there will be increased opportunities for expanded discussions and collaborations at both the federal and local level, as well as the dissemination of promising practices from programs working jointly to improve services for children and families.

In order to stimulate discussion and collaborative activity, and to improve both Head Start and schools to better serve young children, the Advisory Committee recommends the following eight actions:

Action: *Promote high standards, responsive assessment, professional development, effective parent involvement, supportive services, and an opportunity for all children to achieve their potential in our nation's schools.*

Just as the recommendations in this report call for improvements in the quality of Head Start services, federal education dollars should be used to foster these kinds of reforms in schools which ensure that gains made by children who have participated in the Head Start program are sustained.

The Advisory Committee believes that all parts of the school community — teachers, parents, administrators, and other staff — must work together to create high quality education programs and an environment in which teachers are highly trained, parents are actively involved, and all children are safe, healthy, respected, challenged, and achieving toward high standards.

The Advisory Committee recommends that changes be made in federal, state, and local policies to better meet the developmental needs of children and to support the involvement and participation of their families.

Action: *Provide training and technical assistance to Head Start directors and staff and public school administrators and staff on transition, jointly wherever possible.*

Head Start directors and component coordinators and Public School principals and other administrators need training and technical assistance on how to link Head Start and the schools better and

on how to ensure continuity of services. Such training should be coordinated with similar efforts sponsored by the Department of Education and could include such areas as:

- ☐ How both Head Start and schools can better understand the developmental needs of young children;
- ☐ How the early childhood community, including Head Start, can participate in developing state content standards for the early grades;
- ☐ How schools can maintain links forged by Head Start between children and community health services, as well as receive existing health records;
- ☐ How both communities can break down perceived barriers to increased communication and collaboration; and
- ☐ How both communities can develop the capacity to address the special needs of children with diverse learning needs effectively.

Action: *Ensure that Head Start parents receive training in how to work with the public schools to support their child's education.*

Head Start parents can be important change agents as their children move on to the public schools.

Head Start parents can be important change agents as their children move on to the public schools. Head Start programs must help parents to understand how the public schools operate and provide techniques for communicating with teachers and other school personnel, influencing school policy, and supporting their child's school work at home. Parent education on their rights and responsibilities is particularly important for parents of children with disabilities as well as migrant and Indian parents.

Action: *Encourage linkages between Head Start and Even Start and other Family Literacy Initiatives.*

The 1992 Head Start Improvement Act required that all Head Start programs develop a plan to address the literacy needs of Head Start parents. Even Start and other state and local family literacy programs provide an important opportunity to expand their literacy components. Efforts should continue in the Even Start program to ensure strong collaboration with Head Start services. Head Start programs should be encouraged to link with existing family literacy

initiatives or develop such services as an integral part of Head Start services.

Action: *Continue the Head Start Transition Projects.*

The 1990 Head Start Act provided $20 million dollars to establish model Head Start transition projects with public schools. These projects are already beginning to document promising practices and to serve as a national laboratory for improving both Head Start and the schools. These projects should be continued and efforts made by HHS and the Department of Education to work together to provide technical assistance to enable communities to implement promising practices emerging from these demonstrations.

Action: *Revise Head Start Performance Standards and/or guidance to address transition.*

Since the Head Start Performance Standards were developed in the mid-1970s, there have been a number of promising practices which have emerged regarding planning for school transition. Head Start standards and/or guidance should be reviewed and revised to reflect this new knowledge and experience and should clarify the responsibilities of the Head Start director and other education, health, family support, and parent involvement staff in the promotion of ongoing communication and continuity as Head Start children move on to public schools.

The new Head Start Performance Standards on Disabilities Services does specify planning and partnerships and interagency agreements with Local Education Agencies. Any new efforts to include guidance on transition should review these provisions and any other policy guidance on transition to assure consistency.

Action: *Establish an ongoing structure and capacity for federal interagency coordination between Head Start, the Department of Education and other relevant agencies.*

There is currently no ongoing mechanism to promote collaboration at the federal level between Health and Human Services and the Department of Education. Although several collaborative initiatives have emerged over the years, these have been sporadic and largely uncoordinated. The change in Administration and the pending reauthorization of Head Start, the Elementary and Secondary Education Act and the Individuals with Disabilities Act (IDEA)

provides an opportune time to re-affirm relationships and establish new mechanisms for collaboration. The Federal Interagency Coordinating Council (FICC), a currently mandated collaborative effort to improve and coordinate programs serving children with disabilities, could serve as a model. Any new interagency group should include representatives from Head Start, OSEP, Title I, Migrant Ed, BIA, Maternal and Child Health, the Administration on Developmental Disabilities, and other relevant agencies.

Action: *Continue and expand linkages between Head Start and federal, state, and local programs that meet the needs of children with disabilities.*

Important initiatives have been launched over the years to help ensure continuity in services for children with disabilities. The following strategies are suggested:

- ☐ Continue collaborative activities and consultation between the Office of Special Education Programs (OSEP/OSERS) and Head Start regarding the identification of issues pertinent to both Head Start grantees and educational agencies, with subsequent clarification and dissemination of policy responses to the issues;
- ☐ Continue collaborative activities and consultation between OSEP and Head Start during the regulations development process, especially with regard to the development of the Head Start birth-three regulations;
- ☐ Establish a system for expeditiously clearing memoranda and other documents developed jointly between Head Start and OSEP which will be jointly disseminated by both agencies;
- ☐ Develop new and expand joint technical assistance activities between OSERS and Head Start, such as continued inclusion of Head Start representatives and OSEP representatives at relevant conferences and meetings sponsored by either agency, and the sharing between agencies of models and products developed through research and demonstration projects;
- ☐ Continue the collaborative relationship between OSERS and Head Start through the Federal Interagency Coordinating Council (FICC);

- ☐ Improve the capacity of Head Start and schools to work together to promote successful transitions for children with disabilities; and
- ☐ Jointly explore a Head Start/OSEP partnership to support personnel preparation to encourage the entry of Head Start staff in the field of early childhood/special education.

In summary, the Advisory Committee recommends continued and sustained efforts to stimulate discussion and collaborative activity at both the federal and local level around the reform areas common to both Head Start and schools as outlined in this report.

Step 2: *Facilitating state and local collaboration.*

The Advisory Committee recognizes efforts currently underway in states and communities to create comprehensive systems of family-focused, community-based services for all children. We believe that Head Start can play an important role in these efforts by sharing lessons learned from its years of successful experiences in providing quality comprehensive services to at-risk children and families and by helping to create a broad understanding among policymakers and the general public of the importance of investing in services for young children.

It is critical that Head Start fit into the constellation of other services in states and communities.

The Advisory Committee believes that it is critical that Head Start fit into the constellation of other services in states and communities. Several recommendations made throughout this report, particularly with regards to Head Start's linkages with child care and with public schools, begin to address this issue. However, the Advisory Committee believes that additional steps should be taken to strengthen Head Start linkages with other services and resources at the state and local level. The following five actions are recommended to advance these goals.

Action: *Develop a long-range strategic plan to better link Head Start with other federal, state, and local resources.*

The Advisory Committee recommends that HHS set up a series of consultations with national, state, and local representatives and early childhood and family support experts to design strategies to better link Head Start with other resources. States are currently investing in Head Start services. Others have made investments in other preschool or parenting programs, while still others are working on initiatives to plan and coordinate early childhood services better. As an initial step HHS, in coordination with national organizations representing the states, should convene repre-

sentatives from key states to learn more about promising practices and to help share information about such initiatives.

Action: *Explore the use of incentive grants to facilitate planning and implementation of comprehensive systems of services for young children.*

Unlike the early days of Head Start, most states currently invest in early childhood programs. The Advisory Committee believes that HHS should develop mechanisms to stimulate such investments and to encourage states to contribute to the expansion and improvement of Head Start.

HHS should also consider using incentive grants to help states establish interagency children's councils to develop and implement coordinated state plans for early childhood and family support services, prenatal through the primary grades. In those states with existing councils, incentive grants could be used for the implementation of existing plans and to engage representatives from Head Start in systemic reform efforts. At a minimum, such councils should include state and local representatives from education, social services, mental health and health, parents and representatives from Head Start and other community based early childhood programs.

HHS should also consider using incentive grants to encourage unified planning in communities. "*Unified plans*" can include Head Start, child care resource and referrals, Part H providers, schools, and other relevant groups. The Head Start community needs assessment and planning process can help stimulate such an effort.

Action: *Expand the state collaboration grants or explore and develop other mechanisms for promoting better Head Start linkages at the state level.*

The Advisory Committee believes that HHS should consider a variety of mechanisms to promote better Head Start linkages including: expansion and improvement of the State Collaboration grants; the development of state networks of component coordinators; and/or the development of partnerships with state training efforts.

Head Start currently funds twenty-two state collaboration grants operated by Governors offices, children's councils or commissions, or departments of education, human services or community and regional affairs. HHS should review all projects to determine their

effectiveness to impact state policies in early childhood and encourage further linkages with education, social services, health and mental health, and the private sector.

In considering new projects, HHS should carefully consider placing these grants in Governors' offices to help ensure greater coordination with all services for young children. In addition, any new collaboration projects should be developed with sustained involvement of representatives of the Head Start community in the planning and decisionmaking process. State Head Start Associations could also be considered for possible placement of projects.

HHS should also explore the development of state networks of Head Start component coordinators, including representatives from appropriate state agencies. Such networks would encourage the sharing of best practices, develop a greater understanding of programs and policies available to low-income families, and facilitate linkages across the state.

Finally, to link career development efforts in Head Start more effectively, HHS should explore incentives for developing partnerships with existing state training efforts including linkages with colleges and universities and/or the establishment of state training offices.

Action: *Promote better linkages at the local level through the community needs assessment process and training and technical assistance.*

The Head Start community needs assessment and planning process cannot be done in isolation from other early childhood and family support providers. The Advisory Committee recommends that more community involvement be required in the Head Start needs assessment and planning process. In addition, renewed efforts are needed to ensure that the assessment tools used by programs reflect this need to reach out to other resources in the community.

As reflected throughout this report, Head Start must fit into the broader system of services for children and families at the local level. Developing collaborative partnerships with other programs and services takes time and special skills. HHS should provide training and technical assistance on the topic of collaboration as they redesign their management training. HHS should also allow pro-

grams the staff and resources to forge linkages at the local level and should give careful consideration for additional expansion dollars to those programs that demonstrate efforts in developing partnerships with other agencies.

Action: *Develop a clearinghouse on best practices in early childhood and innovative approaches to delivering services to low-income families.*

Head Start is in a key position to share promising practices to address the needs of low-income families and their children.

With its 28 years of experience, Head Start is in a key position to share promising practices to address the needs of low-income families and their children. Lessons learned from the Parent and Child Centers, Family Service Centers, the Head Start Transition Programs, the Comprehensive Child Development Programs, and a host of other innovations including those in other early childhood and family support programs can help inform the development of state and local services across the country. Unfortunately, this information is not generally available to policymakers or program operators. HHS should establish a clearinghouse and other mechanisms to share this information with the larger early childhood community as well as state and local policymakers.

Step 3: *Encouraging partnerships with the private sector.*

The Advisory Committee believes that Head Start should reach out and receive support from the larger community, including the private sector. Not only does Head Start serve as a model for comprehensive quality early childhood services, it provides important services that help create caring and nurturing communities so important for the well-being and productivity of children and families.

In order to increase partnerships with the private sector, the Advisory Committee recommends the following two actions.

Action: *Convene key members of national organizations representing the foundation and business community to stimulate new linkages and support for Head Start.*

The Advisory Committee believes that HHS should provide a leadership role to stimulate linkages between Head Start and the corporate and foundation community. Linkages made at the national level can be particularly helpful in facilitating partnerships with corporations that are in multiple sites across the country. HHS

should convene representatives from respective groups to launch a national partnership effort that would seek private contributions for Head Start expansion and improvement, volunteer support, and new ways of linking Head Start parents with employment opportunities. Representatives from the Head Start community should be included in this effort.

Action: *Document and disseminate promising initiatives with the private sector.*

Over the years several successful linkages have been made between Head Start and national and community foundations, as well as state and local level foundations and businesses. However, there have been limited efforts made to describe the process that programs have used to stimulate such partnerships or to encourage similar efforts on a larger scale. HHS should begin to catalogue and document such initiatives and provide training and technical assistance, through the State Collaboration Projects and the Technical Assistance Support Contracts, to Head Start directors and other staff interested in reaching out to the private sector.

Step 4: *Linking Head Start with other national initiatives.*

The nation is in the midst of major reform efforts including family preservation and family support, welfare reform, education reform, health care reform, and national service. The Advisory Committee believes that Head Start should play a critical role in planning and implementation of such efforts. We believe that Head Start should be seen as a "central institution in a community" which provides supports for low-income families and quality comprehensive child development services for children.

In communities across the country, Head Start can be viewed as a mechanism for bringing all of these new initiatives together for low-income families. For example, Head Start, along with other early childhood programs, should be a placement for National Service participants. National Service participants could provide valuable services across all Head Start components while learning about parenting and young children. At the same time, National Service provides new opportunities for Head Start parents and staff to take advantage of potential resources for higher education.

Head Start should play a significant role in the delivery of services to young children under health reform. For example, Head Start programs can play a role in managed care arrangements and should continue to link

children and families to existing health services and to advocate for additional supply and access to medical services needed by low-income families.

As mentioned in the section on continuity with schools, Head Start can play an important role in education reform by assuring the quality of its own services and advocating for developmentally appropriate practice, parent involvement, and supportive services through the primary years.

Because of its comprehensive approach, Head Start can play a central role in welfare reform for both children and families.

Special efforts should be made to link Head Start and welfare reform. Because of its comprehensive approach, Head Start can play a central role in welfare reform for both children and families by:

- ☐ Providing full day services for children of parents in training or work;
- ☐ Improving the quality of the child care of participating families;
- ☐ Providing case management and referral services;
- ☐ Coordinating training for participating families;
- ☐ Serving as a site for parenting education, improving literacy skills, and job training, particularly for teen parents and families with very young children; and
- ☐ Providing job placements for entry level positions and resources and supports for career advancement.

The Advisory Committee recommends that HHS take specific steps to promote Head Start's full participation in all of these emerging reform efforts.

Conclusion

This report is a first step towards ensuring that the Head Start Program of the 21st Century:

- ☐ Ensures quality and strives to attain excellence in every local program;
- ☐ Responds flexibly to the needs of today's children and families, including those currently unserved; and
- ☐ Forges new partnerships at the community, state and federal levels, renewing and recrafting these partnerships to fit the changes in families, communities and state and national policy.

The Advisory Committee:

- ☐ Believes that the recommendations and principles set forth in this report must inform Head Start program decisions at all levels. The recommendations must guide priorities and use of existing as well as new resources to ensure quality services that children need to enter school ready to learn and families need to achieve self-sufficiency;
- ☐ Supports the goal of ensuring that all eligible children and families receive high quality Head Start services, that programs are tailored to meet the needs of families and communities, and that sufficient resources are made available to meet these goals; and

First priority should be given to ensuring quality and striving for excellence.

- ☐ Recommends that the Department of Health and Human Services act promptly to develop an implementation plan based on the ideas set forth in this report. First priority should be given to ensuring quality and striving for excellence. The process of setting priorities should also ensure progress on the second and third goals: expanding to better meet the needs of children and families and forging new partnerships.
- ☐ Recommends that the implementation and priority setting process should draw on the best available information and input from Head Start and the larger early childhood community.

In concluding, the Advisory Committee on Head Start Quality and Expansion urges the Department to see this report as a step in an overall effort to improve early childhood and family support services for all children in the United States, and particularly for those most vulnerable. HHS should continue to show leadership in looking across programs to ensure that policies consistently promote quality services for young children and their families.

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Figures in this report are based on the following data sources: Figures 1, 2, 3, 4, 9, and 11 are based on the Program Information Report; Figures 5, 8, and 10 are based on Head Start COST data; Figures 6 and 7 are based on the Project Head Start Statistical Fact Sheet, January 1993; and Figure 12 is based on data from the U.S. Census Bureau and the Project Head Start Statistical Fact Sheet.

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The Advisory Committee believes that this report is the first step in a process that will continue to bring new ideas and fresh thinking to the Head Start Program. We urge all those with reactions and suggestions to this report to continue to provide input to this important effort. The children and families we serve across the country are depending on all of us to help create the very best Head Start program ever as we move into the 21st Century.

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Douglas J. Besharov is a lawyer and a resident scholar at the American Enterprise Institute for Public Policy Research in Washington, D.C. He served as the administrator of the AEI/White House Working Seminar on Integrated Services for Children and Families. He was the first director of the U.S. National Center on Child Abuse and Neglect from 1975 to 1979. He is an adjunct professor at Georgetown University Law School and a visiting professor at the University of Maryland's School of Public Affairs. His most recent book is *Recognizing Child Abuse: A Guide for the Concerned.*

Helen Blank is Director of Child Care at the Children's Defense Fund, where she led a large-scale, successful effort to pass the first comprehensive federal child care legislation since World War II. She has focused a great deal of her efforts on strengthening both federal child care and Head Start policies. In addition, she provides technical assistance to states and policy leaders on early childhood development issues. Prior to joining the Children's Defense Fund, Ms. Blank worked at the Child Welfare League of America, and helped to improve and expand participation in federal food programs serving low-income children with the National Child Nutrition project and the Community Nutrition Institute.

Joanne P. Brady is the Associate Director of the Family, School and Community Division of the Education Development Center in Newton, Massachusetts, where she has played a critical role in the creation of the New England Resource Access Project. Ms. Brady has spent many years designing technical assistance packages for Head Start and public school systems. Before joining EDC, Ms. Brady served at the Coordinator for Child Development Services in Bangor, Maine, where she designed and implemented an interagency program for children and families.

Patricia Cole is a Professional Staff Member with the Subcommittee on Children, Family, Drugs and Alcoholism, and a Senior Advisor on children and family policy to its chairman, Senator Christopher Dodd. Ms. Cole's legislative responsibilities include early childhood programs, including Head Start, child support, family support and child welfare issues. Ms. Cole played a major role in the Human Services Reauthorization Act of 1990. Prior to joining the Subcommittee staff, Ms. Cole served as a Senior Evaluator for welfare and poverty policy at the U.S. General Accounting Office.

Lee Cowen is the Budget Analyst and Professional Staff Member for the Republican Staff of the U.S. House of Representatives' Education and Labor Committee. Mr. Cowen is responsible for all budget and appropriations issues that affect Committee programs, as well as most social service programs within the jurisdiction of the Committee, including Head Start. Prior to his current position, Mr. Cowen was an attorney with the Washington, D.C. law firm of Arent, Fox, Kintner, Plotkin and Kahn.

Dwayne A. Crompton is the executive director of KCMC Child Development Corporation, a multifaceted child-care agency serving children and families in Kansas City, Missouri. KCMC administers the Head Start Project in a three-county area, the Child and Adult Care Food Program in 20 counties and operates two comprehensive child-development centers that provide full-day Head Start services. Before heading up KCMC, Mr. Crompton served as a preschool and elementary teacher and a public school administrator. Mr. Crompton is the chairman of the Black Caucus of the National Association for the Education of Young Children and is frequently called upon to give expert testimony on child-care legislation.

Ada E. Deer is the Assistant Secretary for Indian Affairs at the Department of the Interior. Until recently, Ms. Deer served as a Senior Lecturer in the School of Social Work and American Indian Studies Program at the University of Wisconsin-Madison. Ms. Deer has served as the legislative liaison for the National American Rights Fund and chair of the Menominee Restoration Committee as well as numerous posts responsible for the improved welfare of Native American peoples.

David T. Ellwood is the Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services, where he serves as the Secretary's principal advisor for the formulation and analysis of policy. Dr. Ellwood, a labor economist, came to HHS from the John F. Kennedy School of Government at Harvard University, where, since 1992, he had served as Academic Dean, Co-director of the Malcolm Weiner Center for Social Policy and Malcolm Weiner Professor of Public Policy. Dr. Ellwood has written several books and numerous articles on welfare, teen-age unemployment and family poverty.

Harley Frankel directed the Head Start and Child Development Bureau during the 1970s. He also was an advocate for improved quality and the expansion of Head Start as a Senior Specialist with the Children's Defense Fund. Mr. Frankel was Deputy Director of the White House Personnel Office and State Budget Director of Colorado. In the private sector, he has been a Vice-President of Warner Amex Cable Communications and Executive Vice-President for both the Portland Trail Blazers and the Los Angeles

Clippers. He recently chaired a Commission on Public School Reform in the city of Los Angeles.

William A. Galston is the Deputy Assistant to President Clinton for Domestic Policy. He is on leave from the University of Maryland at College Park, where he is a professor at the School of Public Affairs and a Senior Research Scholar at the University's Institute for Philosophy and Public Policy. Dr. Galston is the author of five books and numerous articles on political philosophy, American politics and public policy. A former advisor to then-Governor Bill Clinton and Senator Al Gore Jr., Dr. Galston's responsibilities included tracking the Head Start Program for the White House.

Yolanda Garcia is the Director of the Children's Services Department of the Santa Clara County Office of Education, where she is responsible for a large urban/rural program that serves 2,500 children in Head Start, School-Age Child Care, State Preschool, and general child care. Ms. Garcia has contributed to professional development programs for the regional and National Head Start Associations, and the State Department of Education. Ms. Garcia has served in a variety of roles which include preschool teacher, social worker, administrator, policy analyst, program evaluator and college instructor.

Olivia Golden is the Commissioner for the Administration on Children, Youth and Families at the Department of Health and Human Services. Prior to coming to HHS, Dr. Golden served as the Director of Programs and Policy for the Children's Defense Fund in Washington, D.C., where she was responsible for policy development, advocacy, research, data analysis, and writing about a variety of children and family issues. Prior to that, she served as Lecturer in Public Policy at the John F. Kennedy School of Government, where she focused her research on child and family policy and public management. From 1983-1985, Dr. Golden served as the Budget Director for the Executive Office of Human Services in the Commonwealth of Massachusetts. She is the author of a recently published book, *Poor Children and Welfare Reform* (Auburn House Press, 1992), and several papers and articles. Her research has focused on the way services work for real people, including issues of innovation, collaboration and effective service delivery for children and families.

Sarah Greene is the Chief Executive Officer of the National Head Start Association. Ms. Greene has held a host of positions in the Head Start community including President of the National Head Start Association, Director of a Head Start program, Executive Director of Manatee Opportunity Council and Head Start, Education Coordinator and classroom

teacher. She played a critical role in drafting the Head Start reauthorization bill and has testified before Congress on behalf of the Head Start Program.

Ronald D. Herndon is President of the National Head Start Association and Director of Albina Head Start, a comprehensive early childhood program in Portland, Oregon. Mr. Herndon is active in advocacy efforts to improve public education in Portland. He helped organize and is Executive Director of the National Association for Schools of Excellence, an organization representing public school principals who have successfully educated low income children in a variety of settings and institutions.

Judith E. Heumann was sworn in as President Clinton's Assistant Secretary for Special Education and Rehabilitative Services on June 29, 1993 in the U.S. Department of Education. From 1975-1982, Ms. Heumann was deputy director and ran the world's first independent living center in Berkeley, CA, and for ten years was vice president of the World Institute on Disability (WID), which she co-founded in 1983. From 1982-1983, Ms. Heumann was a special assistant to the Executive Director of the California State Department of Rehabilitation, a position she was appointed to by former Governor Jerry Brown. Previously, Ms. Heumann served on U.S. Senator Harrison Williams's staff, and helped develop legislation that became the Education for All Handicapped Children Act (P.L. 94-142) and Section 504 of the Rehabilitation Act. Later, she helped draft federal and state legislation that led to the creation of more than 200 independent living centers nationwide. As Assistant Secretary, Ms. Heumann manages a budget of over $5.25 billion and oversees the Office of Special Education Programs, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research.

Michael Iskowitz is the Chief Counsel for Poverty, Disability, and Family Policy for the United States Senate Committee on Labor and Human Resources chaired by Senator Edward M. Kennedy. Mr. Iskowitz is responsible for policy research and development, speech writing, and drafting and securing passage of legislative initiatives such as the Head Start Quality and Improvement Act, Comprehensive Services for Youth Act, Maternal and Early Childhood Health Act, Ryan White AIDS CARE Act, Americans with Disabilities Act, McKinney Homelessness Assistance Act, and the National Economic Community Partnership Act. Mr. Iskowitz is a clinical psychologist and previously worked in a variety of community-based programs serving low-income children and families.

Judith E. Jones is the Director of the National Center for Children in Poverty and Associate Clinical Professor of Public Health at Columbia University. She also directs the National Program Office of the Robert

Wood Johnson Foundation's initiative, Free to Grow: Head Start Partnerships to Promote Substance-free Communities. Previously, Professor Jones served as Deputy Director for the Center for Population and Family Health at Columbia University, where she designed and managed a broad range of clinical and educational programs that focused on community health strategies for underserved low income children and adolescents. Professor Jones serves on numerous boards and committees including the Carnegie Corporation's Task Force on Meeting the Needs of Young Children and the Kaiser Commission on the Future of Medicaid.

. **Sharon Lynn Kagan** is Senior Associate at the Bush Center in Child Development and Social Policy at Yale University. Her research has focused on child care, restructuring schools, collaboration in early care and education, and parent and family support. She is the author of more than 100 articles and editor or co-editor of ten volumes. Dr. Kagan is a former member of the Governing Board of the National Association for the Education of Young Children, and is currently the Chairman of the Board of the Family Resource Coalition, Vice-Chairperson of the Board of the Institute for Responsive Education, and Chairperson of the National Education Goals Technical Planning Group on readiness.

Elaine C. Kamarck is Vice President Gore's Senior Advisor. Prior to joining the Administration, Dr. Kamarck served as a Senior Fellow at the Progressive Policy Institute and Co-Director of the Progressive Foundation in Washington, D.C., where she was responsible for publications and programs in political science, family and children and social welfare policy. Dr. Kamarck has served as an advisor to several presidential campaigns and has contributed to *Newsday* and the *Los Angeles Times* as a regular columnist.

Avis LaVelle is the Assistant Secretary for Public Affairs at the Department of Health and Human Services. As Assistant Secretary, Ms. LaVelle is the principal public affairs adviser to the secretary, participates in major decisionmaking affecting HHS policy and programs, and oversees the public education and outreach efforts for all HHS operations with special emphasis on initiatives from the Secretary's office. Prior to joining the Administration, Ms. LaVelle served as the National Press Secretary in Arkansas for Governor Bill Clinton's presidential campaign. A native of Chicago, Ms. LaVelle was formerly Press Secretary for Chicago's Mayor Richard M. Daley after first acting as campaign press secretary in his December 1988 bid for election. Ms. LaVelle has had extensive experience in media where she has served as a radio and television news reporter. Ms. LaVelle is a former member of the Chicago area Task Force on Black Adoptions.

Alan G. Lopatin is the General Counsel for the Committee on Education and Labor in the U.S. House of Representatives. Prior to joining the Education and Labor Committee, Mr. Lopatin served as Deputy General counsel for civil service and budget matters with the House Committee on Post Office and Civil Service. Previously, Mr. Lopatin worked on the U.S. House Committee on the Budget as Deputy Chief Counsel. Before joining the Hill, Mr. Lopatin served as an Analyst with Peter D. Hart Research Associates during the 1979-1980 election cycle. During the recent Presidential Transition period, Mr. Lopatin served as a member of the Education/Labor Transition cluster, preparing materials for the incoming Clinton Administration.

Stephanie Johnson Monroe is a 13 year veteran of Capitol Hill. She has served the last four of those years as Chief Counsel and Minority Staff Director of the Senate Subcommittee on Children, Family, Drugs, and Alcoholism, which has primary responsibility for authorizing and overseeing a variety of children and family programs, including Head Start. A 1985 graduate of the University of Baltimore School of Law, Mrs. Monroe was a recipient of an American Jurisprudence Award. She and her husband Donald have one child, James, age 2, and reside in Sterling, VA.

Evelyn K. Moore is the Executive Director and Founder of the National Black Child Development Institute, a national network of 40 affiliates in 23 states which work to improve the quality of life for African American children and their families. Before founding the Institute, Ms. Moore worked as a Special Assistant to Wilbur Cohen, former Secretary of Health, Education and Welfare, at the University of Michigan in Ann Arbor. Ms. Moore currently serves on the Boards of the National Council of Jewish Women Center for the Child, Child Trends, and Child Care Action Council. She works as a consultant to the Office of Education in addition to numerous philanthropic organizations.

Genoveva P. Morales is the President of the National Migrant Head Start Director's Association and serves as the Migrant Head Start Director for the Washington State Migrant Council. Ms. Morales has served the migrant community in many roles including Special Services Director and Chapter I Program Director. In addition to her work with migrant and seasonal farmworkers, Ms. Morales has held various positions in the academic setting serving as a Research Program Assistant at the University of Texas at San Antonio, as a financial aid counselor at the University of Washington and as an academic counselor at Eastern Washington University and at the Yakima Valley Community College Upward Bound Program.

Alfred E. Osborne, Jr. is director of the Entrepreneurial Studies Center and associate professor in business economics in the John E. Anderson Graduate School of Management at UCLA. Professor Osborne also serves as faculty director of the Head Start/Johnson & Johnson Management Fellows Program conducted at UCLA. In addition to serving in a number of administrative posts at UCLA, including chairman of the business economics group and associate dean and director of the MBA program, Dr. Osborne spent two years at the Securities and Exchange Commission in Washington, DC while an Economic Fellow at the Brookings Institution. He is a director of several public companies, including the Times Mirror Company, Nordstrom Inc., and First Interstate Bank of California and serves on the Council of Economic Advisors to Governor Pete Wilson of California.

Thomas W. Payzant is the Assistant Secretary for Elementary and Secondary Education at the U.S. Department of Education. Prior to joining the Clinton Administration, Dr. Payzant served as the Superintendent of San Diego City Schools for the previous decade. Dr. Payzant has worked for various school districts as a Superintendent including Springfield, Pennsylvania, Eugene, Oregon and Oklahoma City Public Schools. In addition to his work with school districts, Dr. Payzant has been a member and past president of the Large City Schools Superintendents, chairman of the Board of Directors of the Council for Basic Education and Vice Chair of the Trustees of the College Board.

Marshall Plummer is the Vice President of the Navajo Nation, the largest existing Native American tribe. Trained as a social worker, Mr. Plummer has served in a variety of positions within the Navajo Nation including work as a Council Delegate to the Navajo Nation Council, Director of Community Health Development in the Division of Health and Improvement Services and Director of Community Development and Research in the Ramah Navajo School Board. Mr. Plummer has a particular interest in Native American education where he has served as Executive Director of A School for Me Inc., which provides residential academic and vocational programs to developmentally disabled citizens of the Navajo Nation.

Kelly Reali is a Head Start Parent of Utica Head Start Children and Families, Utica, N.Y. She has been a Policy Council member for two years and Region II Board Member as assistant treasurer. Ms. Reali is a NHSA Board Member and past President of NYSHSA Parent Affiliation. She is currently 2nd Vice President of the NYSHSA Overall Board. Ms. Reali also sits on the Head Start/NYS Collaborate Project (Healthcare/Medicaid and Welfare Reform), and the State Associate Parent Advisory Committee,

Alcohol and Other Drug Abuse Prevention Training. Head Start has made me what I am today!

Julius B. Richmond, M.D. is the John D. MacArthur Professor of Health Policy, Emeritus at Harvard University Medical School. Dr. Richmond, trained in psychiatry and pediatrics, was the first person to hold the positions of Assistant Secretary for Health and Surgeon General. Dr. Richmond, together with his colleague Dr. Bettye Caldwell, designed one of the early programs for low-income preschoolers that integrated health and school readiness programs, which later became the model for Head Start, of which Dr. Richmond was the first Director in 1965 and 1966. Dr. Richmond has been awarded numerous honors, including the National Academy of Sciences Institute of Medicine's Gustav O. Lienhard award, which recognizes "outstanding achievement in improving personal health care services in the United States."

Shirley S. Sagawa is Executive Vice President of the Corporation for National and Community Service, the newly created federal agency charged with implementing the President's National Service Program. She previously served as Special Assistant to the President for Domestic Policy, where she was responsible for advising the First Lady on children's issues including Head Start. Prior to joining the Clinton Administration, Ms. Sagawa was employed by the National Women's Law Center as the Senior Counsel and Director of the Family and Youth Policy and by the Senate Labor and Human Resources Committee as Chief Counsel for Youth Policy working on early childhood development and education issues. Ms. Sagawa was appointed by President Bush to serve on the Board of Directors of the Commission on National and Community Service, where she is currently a Vice-Chairperson.

Isabel Sawhill is the Associate Director for Human Resources at the Office of Management and Budget, where she oversees the Departments of Labor, Education and Veterans affairs. She also has responsibility for the welfare and social insurance programs of the Department of Health and Human Services, and the nutrition programs of the Department of Agriculture. Prior to joining the Clinton Administration, Ms. Sawhill was a Senior Fellow at The Urban Institute in Washington, D.C.

Lisbeth B. Schorr is Lecturer in Social Medicine at Harvard University, a member of the Harvard University Working Group on Early Life, and Director of the Harvard University Project on Effective Services. Ms. Schorr's 1988 book, *Within Our Reach: Breaking the Cycle of Disadvantage*, analyzed social programs that have succeeded in improving the life prospects of disadvantaged children. Ms. Schorr is currently pursuing the

implications of her findings for the large-scale implementation of effective programs. Previously, Ms. Schorr helped establish the health division of the Children's Defense Fund and directed the health activities of the O.E.O.'s Community Action Program.

Thomas W. Schultz is the Project Director for Early Childhood Services for the National Association of State Boards of Education. Dr. Schultz has co-authored two influential reports: *Right from the Start*, offering recommendations to public schools in educating 4-8-year-old students, and *Caring Communities*, providing strategies for assuring that all children enter school ready to learn. Dr. Schultz currently directs a national field research project on exemplary early childhood and family support programs for the U.S. Department of Education.

Diana T. Slaughter-Defoe is a Professor of Education and Social Policy in the Human Development and Social Policy Program in the School of Education and Social Policy, Professor of African American Studies, and Fellow, Center for Urban Affairs and Policy Research, at Northwestern University, Evanston, Illinois. Dr. Slaughter-Defoe's research and writing center on the study of the relationship between parental socialization and children's school-related behavior and achievement, and have included research into the parent involvement component of Head Start. Prior to publishing *Visible now: Blacks in private schools* and *Black children and poverty: A developmental perspective*, Dr. Slaughter- Defoe served as a member of the Governing Council of the Society for Research in Child Development. In 1989-1990, Dr. Slaughter-Defoe served on the newly-appointed ACYF Panel for the Head Start Evaluation Design Project, and from 1990-1993 on the ACYF Panel to Implement the 1990 Blueprint Report. She has been designated by the Committee on Public Interest Awards of the American Psychological Association to receive the 1993 Award for Distinguished Contribution to Research in Public Policy.

Marshall S. Smith is the Under Secretary of the U.S. Department of Education. Prior to accepting this position, Dr. Smith was Professor of Education and Dean of the School of Education at Stanford University. Previously, he was an Associate Professor at Harvard Graduate School of Education and a Professor at the University of Wisconsin at Madison where he was also the director of the Wisconsin Center for Educational Research. He was also the Chief of Staff to the first Secretary of Education. Professor Smith has served as an advisor to the National Education Goals Panel and is a member of the National Academy of Education.

Patricia F. Sullivan is a Senior Research Analyst for the National Governor's Association, Committee on Human Resources where she is responsible for education policy development and monitoring education legislation. Formerly the Assistant Director for Governmental Relations at the Career College Association and Staff Assistant for the U.S. House of Representatives, Subcommittee on Postsecondary Education, Ms. Sullivan has worked in education policy at the state and national level. Prior to her work on the Education and Labor Committee, Ms. Sullivan served as a policy coordinator for the American Association of State Colleges and Universities.

Lester H. Sweeting is Staff Director and Counsel to the House Education and Labor Subcommittee on Human Resources. A tax attorney by training, Mr. Sweeting joined the Internal Revenue Service in 1967 and held a variety of increasingly responsible positions in the IRS' International Program from Estate Tax Attorney to Internal Revenue Representative in Sao Paulo, Brazil. Upon his return from Brazil in 1987, Mr. Sweeting became the Staff Director of the Commissioner's Executive Study of the Civil Tax Penalties. He then worked in the IRS Legislative Affairs Division until assuming his present position in February of this year.

Richard J. Tarplin is the Principal Deputy Assistant Secretary for Legislation, Department of Health and Human Services. Mr. Tarplin assists in a broad range of policy and management functions related to developing and administering the department's legislative program and congressional liaison activities. Prior to serving at HHS, Mr. Tarplin served as Staff Director of the Senate Subcommittee on Children, Family, Drugs and Alcoholism, Committee on Labor and Human Resources and as a Legislative Assistant to former Representative Leon Panetta.

Helen H. Taylor is Executive Director of the National Child Day Care Association, Inc., which operates 16 preschool and 5 before and after school centers in Washington, D.C. Ms. Taylor is also the Chairperson of the Mayor's Advisory Committee on Early Childhood Development. Ms. Taylor has 27 years of experience in designing and administering large, comprehensive child development projects, including Head Start, Model Cities, and locally funded child care programs. Ms. Taylor is currently a member of the governing board of the National Association for the Education of Young Children.

Valora Washington is Vice President-program for the W.K. Kellogg Foundation of Battle Creek, Michigan, where she provides administrative leadership to a range of key program areas including education, youth, families and neighborhoods, and program evaluation. Prior to joining the

Kellogg Foundation, Dr. Washington was Vice President and Professor at Antioch College in Ohio. Dr. Washington has published and co-authored four books and over 40 journal articles on early child development and education. She serves as Secretary to the National Association for the Education of Young Children and as a member of the Governor of Michigan's 2000 Commission.

Sheldon H. White is a developmental psychologist and Professor of Psychology at Harvard University whose research focuses on children's learning and cognitive development as well as programs and policies that serve young children. Professor White has worked on the design or evaluation of a number of major programs for children including Head Start, Sesame Street, Follow Through, and Title I programs of the Elementary and Secondary Education Act. Professor White recently served as Chairman for the Head Start Research and Advisory Panel for Implementing the Blueprint with the Administration for Children, Youth and Families at the U.S. Department of Health and Human Services.

Barbara A. Willer is the Public Affairs Director of the National Association for the Education of Young Children, the nation's largest organization of early childhood professionals with more than 85,000 members. Dr. Willer coordinates NAEYC's public policy and public education efforts to promote broad understanding and support for high-quality early childhood programs. NAEYC's primary spokesperson with the media and public policy officials, Dr. Willer's efforts are also directed at increasing the effectiveness of NAEYC Affiliate Groups and the members in advocating for high-quality early childhood services. Dr. Willer has worked as a Preschool Teacher and VISTA volunteer in Newport, Kentucky.

Edward Zigler is the Sterling Professor of Psychology, head of the psychology section of the Child Study Center and director of the Bush Center in Child Development and Social Policy at Yale University. He is the author and co-author or editor of numerous scholarly publications and has conducted extensive investigations on topics related to normal child development, as well as psychopathology and mental retardation. Dr. Zigler served as Chief of the U.S. Children's Bureau and first Director of the Office of Child Development, now the Administration on Children, Youth and Families. He was one of the original planners of Project Head Start. Dr. Zigler regularly testifies as an expert witness before congressional committees, and has served as a consultant to a number of cabinet rank officers.

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